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The Lived Experience of Afghan Women Refugees in Three Metropolitan Areas of the
Southeastern US: A Phenomenological Study

by

Brenda Brown, RN, BSN, MS, DNS(c), CNE

Submitted in Partial Fulfillment for the Requirements of

Doctorate of Nursing Science

Kennesaw State University

WellStar College of Health and Human Services

March 2018

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Abstract

The global refugee crisis has reached epic proportions. Statistics from the United Nations High Commissioner for Refugees (UNHCR, 2016) reported that in 2015 a record 65.3 million people worldwide, or 39,976 people per day, were displaced, either within their native countries or as asylees and refugees. Afghanistan, from 1980-2014, was the country with the largest number of outgoing refugees and it now ranks third in the world. At the opposite end of the continuum the United States remains the primary host country for refugees, asylees, and resettled refugees from all countries, including Afghanistan. The refugee experience is fraught with challenges from life in the native country to the decision to leave to the resettlement process in the US. The author has had a longstanding interest in Afghanistan and the Afghan refugees. Understanding the lived experience of the women refugees is important for nurses and other healthcare professionals who will eventually care for the women. This study used a phenomenological approach to make sense of and find meaning in this experience. The study also used the intersectionality feminist theory to explore ways in which the Afghan women refugees may be marginalized in the US. The women have demonstrated resilience and strength in coping with this traumatic life event and their stories deserve to be heard.

Table of Contents

I. Chapter 1: Introduction

A.	Introduction	9
B.	Purpose	11
C.	Research question and aims	13
D.	Significance	13
E.	Theoretical framework	15
F.	Assumptions	26
G.	Definition of terms	27
H.	Limitations	28
I.	Delimitations	29
J.	Summary	31

II. Chapter 2: Literature Review

A.	Literature Review	34
B.	Background information	36
C.	Afghan Women in Afghanistan	39
D.	Afghan refugee women in Iran and Pakistan	49
E.	Afghan women refugees in Western countries	51
F.	Afghan women refugees in the US	56
G.	Summary	61

III. Chapter 3: Methodology

A.	Design	65
B.	Sample, Consent, & IRB	71
C.	Setting	86
D.	Instrument & Data Collection	89

E.	Rigor: Accuracy and Replicability	91
F.	Data Analysis	95
G.	Procedures	96
H.	Research with Vulnerable Populations and Language Barriers	97
I.	Summary	98

IV. Chapter 4: Analysis

A.	Description of Participants	101
B.	Findings	103
1.	Theme 1: Starting Over	104
2.	Theme 2: The Hopes and Realities of Life in America	113
3.	Theme 3: Holes in My Heart	117
4.	Theme 4: Movies in My Mind	128
5.	Theme 5: Strong and Resourceful Women	130
6.	Theme 6: Coping – How Will I Live This Life?	135
7.	Theme 7: Afghanistan - Past Sorrows and Future Fears	141
C.	Findings Related to Intersectionality Feminist Theory	144
D.	Summary	149

V.	Chapter 5: Conclusions and Recommendations	
A.	Overview of the Study	151
B.	Discussion	152
C.	Meanings of the Lived Experience of the Afghan Refugee Women	154
D.	Contribution to Nursing Knowledge	164
E.	Implications	166
F.	Future Research	167
G.	Summary	168
H.	Personal Narrative	168
VI.	References	170
VII.	Appendix A: Arrivals of Afghans to the US	189
VIII.	Appendix B: Arrivals of Afghans to States	190
IX.	Appendix C: Consent	191
X.	Appendix D: Semi-structured Interview Questions	193
XI.	Appendix E: Timeline	194

The Lived Experience of Afghan Women Refugees in Metropolitan Atlanta: A
Phenomenological Study

Chapter 1: Introduction

The refugee crisis has become a global crisis and is not likely to be resolved soon, if ever. Statistics from the United Nations High Commissioner for Refugees (UNHCR, 2016) reported that in 2015 a record 65.3 million people worldwide, or 39,976 people per day, were displaced, either within their native countries or as asylees and refugees. The breakdown of the 65.3 million was: asylees - 3.2 million, internally displaced persons (IDP) - 40.8 million, and refugees – 21.3 million. Afghanistan, from 1980-2014, was the country with the largest number of outgoing refugees and it now ranks third in the world. At the opposite end of the continuum the United States remains the primary host country for refugees, asylees, and resettled refugees from all countries, including Afghanistan. In fact, the number of asylee claims in the US rose from 36,800 in 2013 to 121,200 in 2014, a 44% increase. A report from the Migration Policy Institute (MPI) by Zong & Batalova (2015, October 8) stated that for fiscal year (FY) 2015, the United States resettled 69,933 refugees. As one solution to this massive refugee crisis, the Obama administration proposed increasing the number of refugees the US allows each year from 70,000 in FY 2015 to 85,000 in FY 2016 and 100,000 in FY 2017. Additionally, the number of Syrian refugees admitted would be at least 10,000 for FY 2016.

The Soviet takeover in 1979 marked the beginning of the Afghan refugee exodus. The initial destinations for most refugees were the refugee camps in Pakistan and Iran, where some still reside. Other Afghan refugees have made their way to Western host countries, such as the US, and reside as asylees (See Appendix A). Within the US, Georgia is one of the top ten states for refugee resettlement (Zong & Batalova,, 2015) and one of the seven states with the most

Afghan refugees and asylees (See Appendix B). Within the state of Georgia, metropolitan Atlanta, especially the city of Clarkston, is home to the largest population of Afghan refugees and asylees (Global Frontier Missions, 2016).

In the past year, Governor Nathan Deal and several politicians have criticized the influx of refugees, stating that Georgia has taken its fair share and does not have the resources to continue allowing this number of refugees, from all countries, not just Afghanistan. Moreover, intense opposition toward Muslims among Georgia politicians led Governor Deal to issue an executive order to refuse entry into Georgia for any Syrian refugee. However, the GA Attorney General, Sam Olens, in accordance with the Obama administration, informed Deal that the order was illegal. Thus, the order was rescinded by Governor Deal (Bluestein, 2016). Nevertheless, the state remains a prime resettlement location for immigrants. Besides, various refugee and immigrant organizations assist with the housing, employment, education, and healthcare needs of the refugees to ensure they have the best resettlement experience possible. Organizations in the Atlanta area include the International Rescue Committee (IRC), Lutheran Services of Georgia, New American Pathways, Friends of Refugees, World Relief Atlanta, Georgia Refugee Committee, Refugee Resettlement and Immigration Services of Atlanta, Global Frontier Missions, VolunteerMatch, and Coalition of Refugee Services Agencies.

My personal interest in Afghanistan began in early 2008 with the intention of understanding the reason for the US military's presence in the country. As a result, I became engrossed in learning about Afghanistan and the Afghan people. Since 2013, I have had the privilege of meeting and befriending several Afghan women in the US and made two trips to the country. I have developed understanding and respect for the land and the people, their history and culture, and their undefeatable attitude and spirit in the light of more than thirty years of war,

poverty, and misunderstanding. Even as Afghanistan and the Afghan people continue to struggle against great odds they persevere with hope their country will one day be free of war.

For the Afghan people who have chosen to escape their country as refugees, life is not easy. They struggle to learn a new language, make a new life, and adjust to new experiences. They miss their country and the loved ones they left behind. One Afghan woman refugee echoed the feelings of several others when she said, “Afghanistan is my country and it was like my mother. Now I feel like an orphan.” Likewise, in a study by Rostami-Povey (2007) one of the Afghan women participants said the loss of her country was the worst thing about leaving, even worse than losing family members. This sentiment was common among the other participants. I have been deeply touched by the honest outpouring of feelings from the Afghan women in the study and by the acceptance I have gained among them. By undertaking this study, I aspire to honor these women.

Purpose of Study

So, what is the essence of being a refugee? What meaning do refugees give to the experience? What factors in the lives of the individual refugee women define the “being human” in this experience? The primary purpose of this study was to explore these questions from a phenomenological perspective with the population of Afghan women refugees living in metropolitan Atlanta, to give them a voice. Barakat & Wardell (2002) and Ahmed-Gosh (2006) examined the often-silenced status of Afghan women in Afghanistan. They are silenced by culture, religion, and Westerners who attempt to speak for the women. The women have voices, so others need to be silent now and allow the women to be heard.

The second purpose for this study was to add to the nursing knowledge of one population of Afghan women refugees in the US. In the Netherlands Suurmond, Rupp, Seeleman, Goosen,

& Stronks (2013) conducted a study of refugees from Iran, Iraq, Afghanistan, and Somalia and emphasized the importance of a refugee's first encounter with a healthcare professional. Without adequate knowledge of a refugee's culture, religion, ethnicity, and the like, the professional may not establish the rapport necessary to maintain a good working relationship for future healthcare encounters. As increasing numbers of refugees are resettled in the US, nurses and other professionals will need a working knowledge of the various backgrounds, cultures, religions, and politics from which the refugees come. A phenomenological study can offer a deeper understanding of and appreciation for the lived experience of the Afghan women refugees in the three sites where the study participants reside. It may also enhance the knowledge nurses have of other refugee populations. The goal is for nurses to be able to provide services and resources that are congruent with the refugees' values and beliefs.

Based on informal communication with individuals who work with the refugees in Atlanta, I learned that the Afghan women have been inadvertently overlooked by the various refugee organizations and have often not received assistance they could have had. According to these professionals, the Afghan women seem to have a high incidence of depression and anxiety as well as physical health problems in need of treatment. So, a third purpose for the study was to explore the women's refugee resettlement situation and determine what factors may have been barriers to assistance. This knowledge can be used to improve the resettlement process for future Afghan refugee women and possibly refugee women from other countries.

The fourth purpose for the study was to generate scholarly literature regarding the Afghan women refugees living in the study sites. In general, studies of Afghan women in the US are scant. Juliene Lipson, a nurse anthropologist and professor emerita at the University of California-San Francisco, with her colleagues, conducted studies of the Afghan population in

California, most of which were completed and published in the 1990's. Despite numerous searches, I have found no scholarly literature for the population of Afghan women refugees living in the southeastern US. Since two of the study sites have become the resettlement cities for a significant number of Afghan women refugees (Refugee Processing Center, 2015), I feel behooved to establish a trusting and mutually beneficial relationship with them, especially in the Atlanta area which is near my home. A phenomenological study can foster that relationship and the women's stories can be used to understand their lives.

Research Question and Aims

The research question is, "What is the lived experience of the Afghan women refugees living in three metropolitan areas in Southeastern US?" The first aim of this research was to listen to the women relate their lived experiences and write a narrative that captures the meaning the women attribute to the lived experience. The second aim was to discover the essence of the experience and interpret it for the reader. Finally, the third aim was to complete a narrative about the research itself to recap major interpretations of the lived experience narrative and describe the meaning of the study. Additionally, the second narrative will discuss implications for professional practice, policy development, social changes, and/or future research. These aims fit Patricia Munhall's (1994, 2012) interpretive phenomenological method which I used for the study.

Significance of Study

Statistics from the Office of Refugee Resettlement (January 24, 2013) and the Refugee Processing Center (2015) show that the US is the country of resettlement for the largest number of refugees. Georgia is among the top seven states where the largest number of Afghan refugees have resettled. Metropolitan Atlanta has the largest Afghan population in Georgia. The other two

study sites also have large Afghan refugee populations. Yet, a paucity of scholarly information exists about this population. So far, I found only the information that has been gathered by individuals and refugee organizations in the areas. For this population to be assisted with resettlement and provided appropriate resources, a scholarly and professional knowledge base must be established. The Afghan women refugees presently living in Atlanta and the other locations in the study need healthcare and will continue to as they age. Furthermore, the number of refugees in the area is increasing, so healthcare professionals, especially nurses, must become culturally competent. Nursing praxis for this population should demonstrate professional caring in consideration of the lived experience of the women.

Another significant aspect of this study was to provide opportunity for the Afghan women to voice their stories – to be heard and valued as human beings and as women. Cultural and religious norms have silenced Afghan women for hundreds of years. The place for women was in the home serving as wife and mother (Lipson & Dibble, 2009; Wilson, 2011). Usually they were not included in discussions concerning social or religious issues nor consulted for their input regarding family issues and plans. The husbands or oldest male relatives were the decision makers. Women gathered and talked among themselves but rarely spoke their minds openly to the men (Webber, 1997; Wimpelmann, 2015).

This situation is one of many similarities in the lived experience of the Afghan women refugees and the Black women in the US, as I will further explore in the section related to the theoretical framework. Black women have been silenced by both gender and racial issues. From a racial perspective, Black women's experiences, thoughts, ideas, feelings, and needs have been overshadowed and suppressed by those of White women. From a gender perspective, Black women have been suppressed by both White and Black men. Even within the academy Black

women have faced an uphill struggle to be heard and valued. As the women of Afghanistan endeavor to make changes in the political and societal aspects of their country, they are raising their voices instead of keeping silent (Ahmed-Ghosh, 2006)

The women who have left Afghanistan also deserve to raise their voices and be heard. Their lived experiences as refugees are too valuable to be lost because the stories demonstrate the strength, creativity, and resilience of the Afghan women while they lived in Afghanistan and as they navigated the difficult and perilous journey of resettlement in the US (Welsh & Brodsky, 2010). Furthermore, their stories are highly relevant for nursing knowledge and practice with this population.

Theoretical Framework

A theory usually informs a study, guiding the researcher's question or hypothesis, the methodology, data collection and analysis, and other aspects of the study. A phenomenological approach to a study is not usually grounded in a specific theory although the topic has been debated among philosophers and researchers (Mitchell & Cody, 1993). Historically a study conducted from a phenomenological approach requires to set aside preconceived ideas, assumptions, current knowledge of a topic, or anything else that could introduce bias or limit data collection. This setting aside of knowledge is called bracketing, a term first used by Husserl. On the other hand, several philosophers and researchers believe that bracketing is not possible or necessary to carry out a phenomenological research (Mitchell & Cody, 1993; Munhall, 1994, 2012; Nelms, 2015).

Since the proposed study was conducted from a phenomenological approach I did not use a theory to dictate the research question or the research process; instead the theory established a viewpoint from which to conduct the study. Therefore, in this section I describe the theory that

best fits the population of Afghan women refugees and the rationale for using the theory to guide the study.

The study participants are Afghan women refugees living in three metropolitan areas in Southeastern United States. This population has several intersecting factors, such as refugee status, ethnicity, religion, language, gender, and culture, to consider in designing and conducting an appropriate study. Thus, I determined that intersectionality feminist theory would be the most suitable for the study.

History of Feminist Movements

First Wave

The initial, or "first-wave," feminist movement in the United States began in the late 18th century when Mary Wollstonecraft published her book, *Vindication of the Rights of Woman*, in 1792 (Head, 2013). The primary issue for first-wave feminists was to campaign for the recognition of women as human beings and not the property of men. Historically, in the United States and Europe, laws governing material possessions, land, and money favored and benefitted men. Women had few ownership rights except for personal belongings. Fathers managed their daughters' valuable possessions such as investments and real estate until marriage at which time husbands took over. Moreover, first born daughters were not entitled to the same inheritance rights that first-born sons were (Braunstein & Folbre, 2001; McWhorter, 2009).

Furthermore, for most of this era women were not allowed to vote or hold public office so their political opportunities were limited. The consensus among men, and some women, was that women could not possibly understand the complexities of political issues and debates. Therefore, the Twentieth Amendment of the U.S. Constitution which gave women the right to vote was aggressively opposed by the public. However, the amendment was ratified on August

18, 1920, and the first wave feminist movement essentially ended (Bielkiewicz, 2011; Longo & Dunphry, 2012; Rodgers, 2005).

Second Wave

Radical feminism. The civil rights movement of the 1950s and 1960s addressed the inequality of rights between the two major racial groups in the US - Black and White Americans (McWhorter, 2009). During the civil rights movement, several White women were key advocates for equal rights for Blacks (hooks, 2000). Thus, the second wave feminist movement was a natural outcome of the civil rights movement. This movement took place from the late 1960s until the early 1970s (Rupp, 2006). Radical feminism was the initial ideology of the second wave movement and was probably the most recognized by the public.

In general, radical feminists viewed the dominant patriarchal system of the US as the source of women's oppression. Male supremacy in politics, society, science, medicine, and other institutions prohibited women from having rights and privileges equal with those the men enjoyed. The word radical indicates a major change from a foundational norm. Hence, radical feminists proposed changing the patriarchal foundation of government such that the societal conventions and hierarchy that favored men and oppressed women would be eliminated. These feminists believed the system arising from a revolution would support the equality of men and women in all aspects of life (Echols, 1989; Einspahr, 2010; Head, 2013; hooks, 2000).

Paradoxically, radical feminism had a commonality with the White patriarchal capitalist society that these women were fighting. The radical feminist movement was made up of White, middle to upper class, educated women who wanted freedom from patriarchy. They wished to have a career and work outside the home and assumed what they experienced as oppression was what all women experienced, including Black women and women living in poverty. In fact,

these White women may have employed Black women as domestic servants but failed to acknowledge the subtle hypocrisy of the situation. Freedom and equality, from the perspective of poor women and Black women, differed greatly from what White women proposed. The agenda of the White radical feminists did not include issues relevant to women outside their circle (Echols, 1989; Einspahr, 2010; hooks, 1984, 2000). Essentially, radical feminists were practicing other forms of oppression - racism and classism. (Collins, 1990, 1999, 2007; Gillis, Howie, & Munford, 2007; hooks, 1984, 2000; Howard-Hassmann, 2011; Longo & Dunphry, 2012; Mohanty, 2003, 2008; Reilly, 2011).

This paradox and hypocrisy were effectively portrayed by the two lead actresses – one White and one Black – as the housewife and her maid in the movie *The Long Walk Home* (Bell & Pearce, 1990). Odessa Carter, the Black maid, had joined the bus boycott in Montgomery, Alabama in 1955, choosing instead to walk the long distance from her home to the home of a White family where she was employed as a maid. The woman of the home, Miriam Thompson, had sympathy for Odessa but was forbidden by her husband to assist Odessa. Nevertheless, Miriam did help by driving Odessa part of the way to and from their homes. During this time, Miriam and Odessa became friends of a sort considering the societal and political limits of the Deep South in the 1950s. Miriam played the role of many frustrated young White women at the time who were stay at home wives and mothers, controlled by husbands. Yet, she also recognized her life was very good compared to Odessa's, who was essentially working to care for two families. At the end of the movie Miriam finally defied her husband's control to stand in line with Black men and women being physically assaulted by the White men of the town. Miriam and Odessa held hands and sang along with the rest of the Black citizens, in support of each other and in resistance to the dominant power of White men.

Liberal feminism. A more left-wing ideology than radical feminism, liberal feminism asserted that women should have personal and political autonomy. However, societal norms and policies often prevented women from achieving the level of autonomy and freedom they sought. Liberal feminists promoted freedom from violence and threats of violence; freedom from patriarchal laws and values; and freedom to have options and make choices for themselves (Howard-Hassmann, 2011). Additionally, they believed the state should be responsible for assisting women to attain equality and autonomy by enacting policies and laws that supported women's issues (Baehr, 2013). Liberal feminist theory maintained that women's work as wives and mothers was underappreciated and relegated them to a dependent and vulnerable situation. Other issues on the liberal feminist agenda included equal rights for women in jobs, fair wages, education, sexual and reproductive autonomy, and marriage as a partnership of husband and wife rather than a dominant-subordinate relationship.

Social feminism. Drawing upon Marxist values social feminists viewed capitalism as the major source of oppression. The focus of social feminism was the oppression of women as well as the oppression of other individuals or groups marginalized by race, socioeconomic class, gender, and sexual preference. Therefore, social feminists battled not only for women's rights and equality but also for those of other subordinate and oppressed groups (Echols, 1989; Howie & Tauchert, 2007).

However, these movements, liberal and social feminism, still failed to recognize and advocate for women of color, women living in lower socioeconomic status (SES), and women living in developing countries (Alexandei-Floyd, 2010). A common fault among Western feminists was to stereotype women from developing countries as weak helpless victims all having the same needs (hooks, 2000; Manganaro & Alozie, 2011; Russo, 2006). Such ideas

were unfair to those women who were as diverse in their needs and circumstances as women in the US. Moreover, imposing the ideas and values of Western feminism on these women, without respect for their cultural, ethnic, religious, and social values and beliefs, paralleled the paternalistic and patriarchal domination Western women had challenged for decades (Mohanty, 1984, 2003, 2008; hooks, 1984, 2000). One overall goal for Western feminists was a global sisterhood yet they had little to no comprehension of the unique problems facing women in developing countries. At that time a universal feminist theory could not have been the answer to the unique problems facing Black and third world women (Alexander-Floyd, 2010; Collins, 1990, 1999, 2007; Crenshaw, 1991). The second wave feminist movement faded into the background for lack of unity and agreement among its members and even within the same ideological camps.

Third Wave

Feminist ideologies that accepted and valued diversity among women came into being in the 1990s, marking the beginning of the third wave feminist movement (Lotz, 2007). One of the foremost standpoints of the third wave feminist movements has been the acknowledgement of and appreciation for women in the margins of Western society, women in developing countries, and other oppressed and marginalized groups (Lotz, 2007; Rodgers, 2005). Their unique life experiences and needs are finally being legitimized by the newer generation of Western feminists. From the third wave feminist movement emerged intersectionality feminism as one ideology. In the following sections I will examine intersectionality feminism in more depth and establish its suitability to the study population.

Intersectionality Feminist Theory

The concept of intersectionality was not new to feminism though its development into feminist theory by Kimberlé Crenshaw did not take place until 1989 (Carastathis, 2013, 2014; Crenshaw, 1991; Falcóna & Nash, 2015; Rogers & Kelly, 2011). Intersectionality feminist theory initially focused on Black women and was grounded in the belief that gender was only one factor that caused oppression and marginality for Black women. Race was equally implicated as a contributing factor. Moreover, the intersection of gender and race magnified the oppression because Black women were marginalized by both identifiers. This intersection of race and gender left Black women at the bottom of the hierarchy where they suffered oppression and marginality as both women and as Blacks.

Crenshaw has written extensively about intersectionality as a feminist movement. An exhaustive discussion of her works is beyond the scope of this paper, but I will point out the most salient aspects. Crenshaw (1989) argued that Black women's experiences did not fit into a neatly prescribed framework based on one type of oppression. Nor were their experiences simply a sum of two types of oppression. Instead the intersection of race and gender multiplied the oppression and discrimination of Black women. From the perspective of race, Black women's issues were not the issues of White women, so the feminist movement did not benefit them. One example of the difference in issues was the choice to work outside the home. The educated middle and upper class White women wanted to be employed outside the home, but Black women rarely had a choice about working outside the home. They were compelled to work to support their families. From the perspective of gender, Black women were placed in a position of subordination to and oppression by both White and Black men.

Crenshaw (1989) related two court cases which demonstrated how the intersection of race and gender created a no-win situation for Black women plaintiffs. General Motors (GM) and Hughes Helicopters, Inc. were sued by Black women for discrimination regarding salaries and employment/promotions opportunities. In the GM case the court's decision was that Black women could not be considered a distinct group who received special treatment. The women could not sue for sex discrimination because women – White women – had been hired by GM. Their race discrimination suit was dismissed and ordered to be consolidated with another race discrimination suit against GM. This decision, made by the United States Court of Appeals, Eighth Circuit in 1977, essentially rendered the race discrimination lawsuit by the Black women an invalid grievance. The court's statement was that Title VII was not meant to create new classes of individuals who deserved protection because they were marginalized by reason of more than one characteristic.

In the 1983 Hughes Helicopter case the primary representative of the plaintiffs was a Black woman, Moore, who accused the company of race and sex discrimination by not promoting Black women to supervisory and administrative positions. However, since the representative was a Black woman the United States Court of Appeals, Ninth Circuit decided she could not rightfully represent all women working for Hughes in a race and sex discrimination suit because White women worked there too. Additionally, Moore was only permitted to use statistics that specifically related to Black women's promotions at the company. The limited statistics Moore was allowed to present to the court were not significant enough to prove discrimination against Black women was a valid complaint. The overall implication of these court decisions was that the norm for sex discrimination was based on White women's experiences. Likewise, the norm for race discrimination was based on Black men's experiences.

Either way, Black women remained marginalized because anti-discrimination laws refused to acknowledge the intersection of two factors defining Black women's unique experiences.

Crenshaw (1991) explored how the intersectionality of gender, race, politics, culture, citizenship status, class, and language affected women who were in domestic violent situations and/or were the victims of sexual assault. Stereotypes of Black women often implied they were inclined to desire sex or be immoral and promiscuous and deserved to be raped. Such stereotypes have greatly hindered legal justice and human rights for Black women. Likewise, immigrant women are often battered by husbands who may be immigrants themselves or American men. Immigrant women usually do not speak English and are limited in their ability to seek assistance from shelters for battered women or to navigate the legal system. Barriers for immigrant women include increased dependence on their husband's income, less access to a phone, limited transportation, fear of deportation, and the restraints of cultural values. These circumstances intersect to hinder escape for immigrant women living in domestic violent situations and keep them oppressed and marginalized.

Patricia Collins is another Black feminist scholar who understood the importance of intersectionality in Black women's experiences. Again, an exhaustive review of Collins' scholarly works is beyond the scope of this paper. Collins (1990; 2007) discussed the suppressing of Black women's knowledge by the dominant group (White men) which in turn permitted the dominant group to remain in power. Yet, knowledge and understanding achieved by Black women had merit and deserved acknowledgement by society at large. Like Crenshaw, Collins related ways in which the oppression of Black women in the US persisted – politically, academically, and socially. Even from a feminist standpoint, Black women were not included in the group of educated middle and upper class White women which had become the norm for all

women. Black women were stereotyped as Jezebels, mammies, Aunt Jemimas, prostitutes, and welfare mothers, a situation which hooks (1984) also noted. Collins observed that Black women in places such as the Caribbean Islands, Africa, Asia, and Europe faced the same struggles to be noticed and valued that Black women in the US did. Moreover, women of other ethnicities in the US – Latina, Asian, and Native American – found fault with Western feminism because of its hegemonic population of White women. Even women who conducted research about women tended to enroll middle and upper class heterosexual White women as participants. Essentially research about Black women, women of color, women living in poverty, and women who did not match the norm was non-existent, a problem likewise documented by Rogers and Kelly (2011).

Collins (1990) and hooks (1984) urged Black women in all roles, from housewife to church member to academician, to further their cause by using their collective experiences and the knowledge gained from those experiences to create a Black feminist critical theory and movement. Though the women would undoubtedly face challenges, they would never attain any measure of status and equality unless they fought for it. Additionally, Collins recognized that any member of a subordinate group whether by sexual orientation, culture, gender, religion, and/or class was affected by the intersection of these factors. However, Collins believed the key to success was for minority women to build communities and develop unique knowledge and standpoints arising from the intersection of their identifiers and the context of their experiences.

The need for feminists to engage in democracy and for democracy to become a motivating force in the feminist movement was the topic of discussion in Eschle's (2002) scholarly paper. She argued that the feminist movement and global democracy have been operating separately when in fact they should be in tandem. Eschle pointed out that Black women in the US and women in developing countries were still being ignored in the overall

restructuring of patriarchal societies. The norm for feminism remained the White middle-class women whose beliefs, values, and expectations were quite different than those of minority women in the US and women in developing countries. Eschle also examined the intersection of various types of power and their impact on this group of women. Global economics, cultural aspects, and the use of state to effect gender-based political and societal changes were multi-dimensional powers to be faced in the pursuit of gender justice. Further, Eschle recommended that power, democracy, equality, economics, and feminism be examined in context, in the unique situations in which Black women and women from developing countries live.

Intersectionality of race, class, gender, language, and culture has created difficulties for minority individuals and groups in the education arena. Orelus (2012) discussed this issue and pointed out ways in which students and educators have suffered oppression and been pushed to the margins of society. While Orelus' focus is on justice in education, from grade school through graduate programs, including both students and faculty, he argued, like the previous authors, that the intersections of various identifiers of subordinate groups multiply the oppression and marginalization they experience. Both Collins (1990) and hooks (1984) discussed the barriers Black women encounter to have their knowledge recognized as equally significant as the knowledge of White women and men.

Viruell-Fuentes, Miranda, & Abdulrahim (2012) along with Rogers & Kelly (2011) examined the concept of intersectionality related to healthcare and bioethics as a major impact on the health of minority populations and fairness and justice in research. Rogers & Kelly noted how the intersection of multiple types of discrimination perpetrated oppression and subordination in a minority population and formed the power relation with the dominant group.

Fraser (2007) likewise discussed multiple axes of gender, religion, politics, and race that may intersect and their impact on distributive justice for and recognition of marginalized women.

The intersection of various circumstances in Afghanistan place the women in an especially vulnerable position as noted by Ahmed-Ghosh (2006). These intersections include military interventions from multiple countries, units, and factions, physical and political uncertainty, the wreckage of a failed economic system, and widespread lawlessness. In Chapter 3 I will identify and explain the factors which intersect to put the Afghan women refugees in a vulnerable position.

Assumptions

Two assumptions in this study were connected to the idea of the lived experience. One was that the Afghan women refugees have a sense of their experiences as personal and meaningful. They may have considered the refugee experience as just part of life and not a phenomenon to be studied. The second assumption was that the women would agree to tell their lived experience. For several reasons, such as fear of reprisals or emotional trauma, the women may have chosen not to talk about their experiences as refugees. A third assumption was that the women would tell me about their lived experience as it really occurred and not fabricate a story to satisfy what they believed I wanted to hear. Along the same line was the fourth assumption that the findings from this study would be useful for nursing practice.

As I conducted the interviews and analyzed for themes I found the first three assumptions were not problematic. The women did seem to indicate the refugee experience was meaningful and were willing to talk about it. I did not detect anything from the interviews that indicated fabrication of the experiences. The fourth assumption seems to be valid, however, I need to take the findings of the study to nursing professionals to know whether the information is useful.

Another assumption I had to suspend was that I already knew a great deal about the refugee experience. The literature review involved reading numerous studies that related the experiences, feelings, and thoughts of refugees. Additionally, I have spent time with the Afghan refugee women and listened to some of their stories. However, having a knowledge of refugees' experiences does not equate with a deep understanding of the lived experience of the study participants nor of the meaning they may have connected with the experience.

Likewise, I assumed that phenomenology would be the best methodological approach to understanding the refugee experience. However, this study was dependent on two factors. One, that an essence of the study phenomena of the lived experience of refugees did exist. The other was the quality of the interview interpretation and transcription. I depended heavily on interpreters for assistance, so information and concepts passed along through interpreters could have been be inadvertently altered and resulted in a flawed study. Since completing the study I have confidence that phenomenology was the best approach, although I met with challenges with the interview process. I had professional translators listen to and transcribe all the recordings, so I do not have reason to believe they were altered.

Definition of Terms

Terms that may be unfamiliar to readers and need to be defined include *refugee*, *first wave* and *second wave Afghan refugee*, *intersectionality feminism*, *phenomenology*, *lived experience*, and *essence*. All terms except *refugee* are defined in detail in the appropriate chapters and sections of the dissertation. The definition of refugee (IPC, 2015) according to Section 101(a)(42) of the Immigration and Nationality Act (INA), "is a person who is unable or unwilling to return to his or her home country because of a well-founded fear of persecution due to race, membership in a particular social group, political opinion, religion, or national origin."

Limitations

The primary limitation of this study was the language barrier. Since I know only a few words in Dari and none in Pashto I was unable to understand the verbal aspect of the interviews. The interpreters who helped are fluent in English and Dari/Farsi and/or Pashto. I had established a plan to minimize this limitation but was able to implement it with only two of the interpreters. The Iranian women, Sherry and Ellen, were given two articles to read which explained interpretation and translation and how to conduct those activities appropriately. Although I had intended to practice interview techniques to become comfortable with the process we did not have time for this. I instructed the interpreters to refrain from interrupting the participants except to confirm something or to guide or prompt the conversation. Sherry took brief notes during the interview which she used while translating the recording. Ellen was not with me during the interview she translated so she could not take notes. I used a professional translation service as a second source of translation for linguistic validity.

A second limitation was the time constraint for the study. I conducted the study as a doctoral dissertation, so I did not have unlimited time and resources. The total number of participants was five, although no magic number of participants ensures the quality of the study. Personal interviews were the only method of data collection. However, Munhall (1994, 2012) argues that the purpose of a phenomenological study is to have depth and richness in the data rather than many more superficial narratives.

Finally, I may have inadvertently introduced some bias into the study which would be another limitation. Complete bracketing is questionable, perhaps unnecessary, according to some phenomenologists. However, I did self-reflective journaling to maintain awareness of my own thoughts and feelings, and my anticipation of what the lived experience entailed and meant to the

participants. Reading the transcribed interviews and notes multiple times to draw out the participants' thoughts and feelings helped minimize bias.

Delimitations

The study focused on a specific population which I described in Chapter 3. The participants in the study were Afghan women refugees, aged 18 years and older, and living in three metropolitan areas in the southeastern US. They arrived in the US after 2001. These criteria ensured the women were legal adults and part of the second wave of Afghan refugees. I chose this population because of a personal interest in Afghanistan and the events and circumstances leading to a refugee crisis of more than 30 years during which time the country had the largest number of outgoing refugees in the world. I have emphasized the lack of scholarly information in the US about the Afghan population in general, and the study population specifically. In Chapter 2, the literature review, I will discuss the research conducted during the 1980s and 1990s by Juliene Lipson and colleagues. However, those studies were on first wave Afghan refugees living in California, a different population than the second wave refugees living in this study's geographical location.

In February 2013, I met a group of the Afghan women refugees for the first time and learned a little about a few of the women. Since then I have met several more throughout the southeastern US. They appreciate the respect and love I feel for their native country. The fact that I have made two trips to Afghanistan is important to the women because I have been there more recently than most of them have. Thus, they have someone to talk to, besides other refugees, about their country.

Additionally, in the three years since I became involved with the Afghan women, I have had opportunity to discuss their situation with other professionals in the Atlanta area who work

exclusively with refugees from more than 20 countries. Although the information is not scientific these professionals have emphasized the extensive healthcare needs of the Afghan women including mental health and counseling. Exploring possible reasons for the situation is further grounds for choosing to focus on this population. Why do they fall through the cracks? How can healthcare and other professionals best ensure the Afghan women's needs are being addressed? Finding answers to these questions should start with listening to the lived experience of the women. Until professionals who work with the Afghan women understand and appreciate the essences of their refugee experience, appropriate and timely resources will be lacking.

An incident I experienced in the summer of 2015 demonstrates this “falling through the cracks.” Greta (pseudonym) was the first Afghan woman I met in 2013 through a pastor who works with refugees. Two Afghan women, who had translated and interpreted previously, and I visited Greta, who is married and has three school age children. The visit lasted about an hour and a half. Of course, I did not understand the conversation except what was interpreted. During the visit one of the interpreters, MR, herself an Afghan refugee, mentioned some job possibilities to Greta. A couple weeks later when I met with the interpreters to follow up, MR told me that Greta had remarked about how depressed and hopeless she felt and had even stated that she had thought about killing herself. The main reason for Greta's depression was the financial situation. Her husband worked a minimum wage, or less, job and the income was not sufficient for the family. MR suggested a place where Greta would probably find a job. She applied and was hired soon after the visit. About two months later I visited Greta at her home and witnessed a transformation. Greta was happy and no longer had thoughts of suicide. She likes her job and the income has made a big difference for her family.

The marvel is that the visit to Greta happened at the right time, before she really did harm herself. The suggestion for employment turned out to be successful and Greta was hired. How many more similar situations are out there? Furthermore, Greta was not given a handout, which she would not have accepted, but instead she was empowered. My personal perspective of empowerment is to assist an individual or group of individuals until they can recognize, access, and obtain the necessary resources. Resources can include finances, food, healthcare, education, and much more. Maybe the resource is just some encouragement until the person feels self-confident. The point here is to reiterate the foundation for this kind of knowledge and praxis is learning about the individual lived experience of the Afghan women refugees.

Summary

In summary, the study was phenomenological and focused on the lived experience of the Afghan women refugees living in three metropolitan areas in the Southeastern US. Refugees are people who have left their native country because of the significant risk of danger or death related to war, extreme poverty, and/or religious or political issues. The refugee experience includes not only leaving the native country but the entire process of finding temporary shelter, resettling in a host country, adjusting to the new living situation, and becoming part of the community.

I chose the population of Afghan women refugees because of a longstanding interest in Afghanistan and the Afghan people. Decades of war and turmoil have led to millions of Afghan refugees seeking asylum in a host country, with most of those refugees settling in the US. Within the US, several Southeastern states have a sizeable Afghan refugee population. Georgia is one of those states and most of the refugees live in metropolitan Atlanta.

The purpose and significance of this study were centered around the opportunity for the Afghan women refugees to voice their stories. For the most part Afghan women have been oppressed and silenced because of religious and cultural beliefs. They deserve the opportunity to be heard. The primary research question I hoped to answer was “What is the lived experience of being a refugee?” to understand the meaning of the experience for the women. Then, in Chapters 4 and 5, I describe the essence of the experience, so the reader can develop an increased awareness of the refugee experience.

Successful resettlement in a host country is a challenging and overwhelming experience for all refugees. They need support and access to appropriate resources to establish a new life that is healthy and meaningful to them. A primary aim for this study was to fill the gap in scholarly literature about this population, thereby educating nurses, and other healthcare professionals, who will likely encounter the women at some point. Empowering professionals with pertinent knowledge about this population is paramount to establishing rapport with the women and being able to support them in resettlement. In the case of the Afghan women, they have for the most part, slipped through the cracks of refugee assistance programs. Thus, understanding the women in the context of their lived experience is a vital part of empowering them to resettle successfully in their new community.

The guiding theoretical framework for the study was intersectionality feminism because it is applicable to the study population. Intersectionality feminism addresses the context in which minority women have lived and recognizes the intersection of multiple identifiers which place the women in the margins of society. For the Afghan women those identifiers include refugee status, minority status, religion, ethnicity, and language. Professionals who work with the women must acknowledge and address those identifiers as part of the plan for resettlement.

The study's limitations and delimitations correlate with the restricted population of adult Afghan women refugees in three metropolitan areas of the Southeastern US. However, the scope of the study had to be feasible for completion of a dissertation. Yet, the knowledge and understanding gained from this study may well fit with other populations of women refugees in the Atlanta area. The language barrier was another limitation but interpreters who are fluent in English and Dari/Fars/Pashto assisted me during the interviews. Furthermore, an official translation company was used to verify the audio recorded interviews. Overall, I believe the study will be beneficial and pertinent to the participants and nurses.

I related the situation with one Afghan woman, Greta, who was quite distressed about the lack of financial resources for her family. The relatively simple act of suggesting a possible employment opportunity made a substantial impact on Greta's outlook and the quality of living for her family. The experience resounded with me and underscored the relevance and timeliness of the study. Moving forward, I endeavor to use this study as the start of a longstanding mutually useful and positive relationship with the Afghan women refugees.

Chapter 2: Review of Literature

The primary reason for an *a priori* literature review in a qualitative study is to look for gaps in the scholarly literature regarding the topic of a study. However, in this review I included literature about the Afghan women in Afghanistan and Afghan women as refugees in other countries. I reviewed some of the historical, religious, cultural, geographical, political, and military background of Afghanistan because these factors have a major role in the lives of Afghan women. Phenomenology and intersectional feminism are grounded in the context of the individual and without this background knowledge the reader will not be able to appreciate the complexity of life in Afghanistan nor its effect on the lived experience of the refugee women. Although the literature review begins with the year 1989 some history prior to then is necessary to create a more vivid image of Afghanistan and the lives of the Afghan women for the reader.

In Chapter 1 I noted the paucity of literature regarding Afghan women refugees in the US and the lack of any scholarly literature regarding the study population. The review began by my entering the phrase “Afghan women in Afghanistan” into the Kennesaw State University’s online library access. Then I added the limiters of peer reviewed academic journals from 1989-2016. The reason for the year 1989 was because that year the Soviet Union was defeated and withdrew from the war in Afghanistan and the Afghan warlords began fighting each other for control of the country. During the years of 1989-2016 the Afghan women have lived through the Afghan civil war, the Taliban regime, the entrance of the US military, and the 15 years of war since 9/11/2001.

I compiled a table to categorize the topics of the literature review and the number of hits for each (Table 1). A relevant note regarding the literature is that an article may have appeared more than once in the same category or was listed in more than one category. Thus, the number

of hits may be greater than the actual number of articles. To begin the literature review, I will provide the reader with some background information about Afghanistan. An exploration of literature related to Afghan women in Afghanistan will follow as indicated in Table 1. This section will include human rights and healthcare related literature. The topic of Afghan women refugees will be examined in order of the host/settlement area: Iran and Pakistan, Europe, Australia, New Zealand, and Canada /US. I will conclude the literature review with three articles which are especially meaningful to me and the study.

Given the extensive nature of the literature from all categories and the multitude of subtopics within the primary categories listed, an exhaustive review of all the literature is beyond the scope of this paper. However, my key objective is to educate the reader about Afghan women and the complex intersection of factors which make up the context of their lives, and to generate interest in the women who remain in Afghanistan and those who have made the challenging refugee journey to the US.

Table 1 – Literature search results for Afghan women

Category of Literature	Number of Hits
Afghan women in Afghanistan (general)	21,487
• Human rights	21,403
• Education	15,647
• Marriage	6828
• Economics	15,1777
• Religion	9849
• Culture	13,941
Afghan women and health related topics	
• Maternal/child	4454
• Health/Healthcare	19,683
• Mental health	8545
Afghan women refugees (general)	14,529
• Iran, Pakistan	3891
• Europe/Australia	3339
• US/Canada	11,910

Background Information about Afghanistan

The geography of Afghanistan is diverse, from the mountains in the north to the deserts in the south. Mountains cover about two-thirds of the country. In the north and southwest are a few plains and valleys where the prime agricultural section of the country has been. In general, the climate is arid to semi-arid and weather conditions are harsh with very hot summers and bitterly cold winters (Briney, 2016). The soil in the south is too poor to farm most crops except the infamous poppies. The north was once a lush farming area with fruit and nut trees and vegetable and flower gardens (Shabir, Ali, & Iqbal, 2011). It is now barren of most plant life because of the devastation of war. Roads are typically rutted dirt trails. The paved roads have been heavily damaged by war and are now undergoing repair and may be strewn with implemented explosive devices (IEDs) and unexploded land mines (Barakat & Wardell, 2002).

Most of the Afghans live in remote villages with little access to the basics such as clean water and electricity. Even in the capital city of Kabul many citizens live in homes built into the sides of the mountains which lack running water and electricity. Kabul was once beautiful and called the Paris of Central Asia (Blake, 2009; Shabir, Ali, & Iqbal, 2011). Now the city is filled with bombed out homes and shops, abandoned military equipment (Barakat & Wardell, 2002), unfinished buildings from the Russian era, and the incomplete structures of the Western attempts at rebuilding the country. The Kabul river is nearly dried up and has become the default landfill for the city. My personal experience from two trips to Afghanistan and interaction with Afghan people, both there and in the US, serve as the source of a great deal of this information.

However, factual literature has been consulted as well.

War has been a way of life for the present Afghans since 1979 with the Soviet takeover. When the Soviets left Afghanistan, the country was void of a legitimate government. The

mujahidin, the Afghan freedom fighters whom the US and Pakistan aided in winning against Russia, became warlords. These men, rulers from the various clans and villages, were determined to rule the country. The result was a civil war that lasted from 1992-1996. Moreover, the warlords' main objectives were gaining power and ensuring the well-being of their families and a few close friends. Most warlords were brutal men who used their power to extort money or possessions as bribes for several reasons such as use of the roads in their villages. They raped and murdered whomever and whenever it suited them. Violence and corruption were a way of life and people lived in terror (Ahmed-Gosh, 2006; Barakat & Wardell, 2002)

Amid the violence and corruption emerged a group of strict fundamental Muslim men, the Taliban, who were determined to restore order to the country. They fought their way from province to province, finally gaining the upper hand and taking over Kabul. They officially became the ruling entity in 1996. Although order was reinstated, and crime was significantly reduced, the strict rules enforced by the Taliban brought their own kind of terror. The Taliban quickly became the global human rights/women's rights "poster child" of oppression when their cruel treatment of women became noticed by the public. However, men were also oppressed by the Taliban. Men and women caught in the slightest infraction of a rule were punished harshly with beatings, amputations of body parts, prison, and sometimes death.

After 9/11 the US military invasion successfully overpowered the Taliban and removed them as the ruling party in November 2001. However, the 15 years since then have brought their own kind of oppression and suffering. A majority of the present Afghan population has been born into war and never known peace. More than a million internally displaced Afghans live in camps in the country. I have passed by one camp on the edge of Kabul and seen the deplorable living conditions. "Democratic" elections have been held with the aid of the US, but corruption

still abounds. The Taliban have interrupted elections by force at the polls and by threats of physical harm to anyone voting. The last election was held in 2014 with Ashraf Ghani becoming the new president. However, the country is still politically, religiously, and economically unstable and security and safety issues are increasing again.

A very brief discourse about some political and military factors affecting Afghanistan is necessary for the reader to understand Afghanistan's present state. After the Soviets left Afghanistan in 1989, the US interest in the country promptly faded. No US aid was granted to assist the Afghan people to rebuild their country which was in chaos. Likewise, soon after the US intervention in 2001, the Bush administration turned its attention from Afghanistan to the war in Iraq. Once again, US aid to Afghanistan was drastically cut at a time when it was desperately needed to rebuild the country. These situations have led to strong beliefs, by many Americans and Afghans who are able to comprehend political and military ramifications, that the US has twice abandoned Afghanistan. Even among the general population of Afghans this sentiment is keenly felt. These beliefs and sentiments are not without grounds but a debate about the reasons is not possible nor relevant for this paper. However, the present state of Afghanistan is attributed by many to be the direct result of the failure of the US to support the rebuilding of the country. The resurgence of the Taliban and presence of the Islamic State in Iraq and Syria (ISIS) are considered one consequence of this failure (Alvi-Aziz, 2008; Shabir, Ali, & Iqbal, 2011). I did not include this discourse for the purpose of arguing politics or supporting a certain political agenda but rather to help the reader understand some subtle complexities about Afghanistan and the Afghan people.

An additional resource I used is Dr. Thomas Barfield's (2010) book about the cultural and political history of Afghanistan. Barfield is a professor of anthropology at Boston

University. He has completed many years of fieldwork in Afghanistan among the northern tribes and is highly knowledgeable about the complexities of the cultural, ethnic, and political aspects of the lives of Afghans living in these remote villages.

Afghan women in Afghanistan

An important point for readers to be aware of is that Afghanistan is a religion-based nation. The proper name is the Islamic Republic of Afghanistan. So, Islam is the supreme power over religion, politics, government, and society (Webber, 1997). This is unlike most Western countries which are secular. In the West religion, government, politics, and society do intertwine and have some effect on each other but generally are distinct entities. The concept of a religious state is difficult for most Westerners to grasp and can adversely influence their viewpoints about Muslim majority countries.

The Western world's stereotype of Afghan women is silent oppressed victims dressed in burqas. However, that is a stereotype, not reality, and is certainly not the whole picture (Jiwani, 2009; Kabeer & Khan, 2014; Khan, 2014; Lemmon, 2012; Mills & Kitch 2006; Paul, 2014).

Finding a starting place for the discussion of Afghan women is difficult because their lives have a multitude of aspects upon which I would like to expound. One sentiment I wish to express is the genuine respect and care I have acquired for the Afghan women, both in Afghanistan and in the US, from personal interaction with them. The Afghan women are strong and resilient survivors who deserve much more than pity from and rescue by the chivalrous West.

A brief history regarding the status of women in Afghanistan will help the reader to grasp the complex cultural, religious, and political factors involved. While Islam does prescribe the role of women as secondary and subordinate to men it does not devalue women nor the important role they have in the home and society. However, as with many religions, some men have chosen

to interpret the tenets of Islam in the strictest sense and thus justify their oppressive and abusive treatment of women. This is true in all countries where Islam is the major religion and affects the government and politics. Thus, the strict interpretation of Islam and patriarchal social norms are what bring oppression to women, rather than Islam itself (Webber, 1997).

Lemmon's (2012) article provides a helpful account of previous kings and rulers in Afghanistan who were more progressive and did advocate for women's rights to fair treatment in education, society, marriage, and politics. Emir Abdur, Rahman Khan, who reigned from 1880-1901, gave permission for women to inherit property, increased the age at which girls were to marry, permitted women to divorce for approved reasons, opposed polygamy, and promoted girls' education. These reforms did not reach beyond the city of Kabul but were the first time a national ruler sought to better women's legal standing. The grandson of Emir Abdur, Emir Amanullah Khan, continued to support women's rights and opposed the veiling of the women. His reign from 1919-1929 stirred up resentment among conservative Muslims and created too much civil unrest to enact further reforms. The next leader in Afghanistan who supported women was Prime Minister Daoud Khan, from 1953-1963. He reestablished women's rights and women were allowed for the first time to work outside the home and to enroll in higher education. The wives of these rulers were also engaged in efforts to advocate for women's rights. As the Soviet presence increased in Afghanistan more opportunities and rights were granted to women. Of course, many men opposed those ideas and endeavored to reverse laws that favored women. In 1973 Daoud Khan staged a coup to take over Afghanistan and named himself as the king. He held that position until his assassination in 1978 and was the last ruler to support women and more liberal laws for all Afghans.

Although women's rights were being supported by government and politics the situation applied for the most part to Kabul. Outside Kabul the government had little influence and women continued to live as they had for centuries. Even if the women in the remote villages had knowledge of the happenings in Kabul, they had no recourse to make changes for themselves. They were utterly dependent on the men, be it fathers, husbands, or other male relatives. When women's rights were once again squashed by the Taliban the women in rural areas of Afghanistan were not as impacted by the change as the women living in Kabul were (Khan, 2014; Lemmon, 2012).

After the Soviets exited Afghanistan and the warlords began fighting for control everyone, not just women, were at risk for mistreatment and violence. However, once the Taliban gained control the situation for women's rights deteriorated considerably. Women were forbidden to work, to be educated, to go outside the home or travel without a male relative, or to behave in any way which seemed to be immodest, insubordinate, or provocative. They were required wear the *chaderi*, the head to toe garment which had only a small mesh opening from which to see out. Even windows in the homes were to be covered or painted so no one could see the women inside. Infractions had an aspect of subjectivity to them dependent upon the specific enforcer's mood at the time, although most infractions were severely punished (Barakat & Wardell, 2002; Brodsky et al., 2012; Khan, 2014; Lemmon, 2012; Paul, 2014).

It is this period of Taliban rule and their treatment of women which has sparked outrage among Westerners (Brodsky et al., 2012; Khan, 2014; Lemmon, 2012) and resulted in the startup of the many human rights organizations. Human rights is a vast topic, but it has served as the umbrella under which individuals and organizations have assisted the Afghan women. Paul (2014), Khan (2014), Mohanty (1984), and Russo (2006) all noted that Westerners have

sometimes used aiding third world women as a cover for colonialism, another type of oppression, arising from developed countries' presence in less developed countries. Colonialism is the belief that the Western world's culture and values are the right ones and third world women would be forever grateful to be rescued from their oppressive situations. Some Western feminists, such as the Female Majority Foundation, have created an image of third world women, oppressed and helpless, needing the intervention of the powerful West. Several individuals and organizations, American and Afghan, maintain the viewpoint that President Bush and other world figures and powers have used the oppression of Afghan women as a guise for continuing power plays and the war in Afghanistan (Alvi-Aziz, 2008; Groves, 2001; Paul, 2014).

Nonetheless, the “good deeds” accomplished by the human rights brigade has been debated. A major question that remains is whether the Afghan women are better off now than they were before the West intervened. But what constitutes better? Is it having Western values forced upon them? Is it being at odds with their support system – meaning husband, family, and community? Is it not having to wear a *chaderi*? Is it the Western concept of better? Is it forsaking their Islam faith? The literature comprises contradictory information regarding the present situation of Afghan women compared to the years during the civil war and the Taliban rule. Some advances have been made in education, healthcare, jobs, and rights, yet at what cost?

Two books which have helped me understand the strength and courage of the Afghan women are by Benard (2002) and Chavis (2003). Both relate the history of the Revolutionary Afghan Women's Association (RAWA) begun by a 20-year-old college woman, Meena, in 1977, and its role in building underground resistance to the Taliban and other oppressive entities. RAWA membership is open only to Afghan women age 17 and older, but it does have several men and teens who support their cause. Brodsky et al. (2011, 2012) conducted two studies

involving RAWA programs which offer financial assistance, shelter, education, counseling, and other services to women.

Human Rights and Afghan Women

Human rights encompass several freedoms and situations which are spelled out in the Universal Declaration of Human Rights (UDHR) established in 1948 (United Nations, 2016). These rights are supposed to apply to all persons everywhere and be universally protected. However, the human rights declaration has been argued to be a Western concept (Ahmed-Ghosh, 2006; Barakat & Wardell, 2002; Kabeer & Khan, 2014; Webber, 1997) which is not truly universal because it fails to take into consideration the cultural and religious values of non-Western societies, including Afghanistan. Jacinto (2006) discussed the human and women's rights issues as part of a move to establish Islamic feminism, although the laws of Islam are interpreted by men who may or may not support more rights for women. Hence, among the different ethnicities, clans, and tribes of Afghan people exists a wide range of interpretations of Islam and the Quran. Gawhari (2014) noted that Afghanistan is committed to human rights in theory but in practice has not demonstrated the same commitment, particularly towards women.

One of the prominent human rights' violations experienced by the Afghan women is domestic violence (Ahmed-Ghosh, 2006; Alvi-Aziz, 2008; Aziz, 2011; Campbell & Guiao, 2008; Crane, 2009; Hyder, Noorb, & Tsuic, 2007; Kabeer & Khan, 2014; Turner, 2006; Wimpelmann, 2015). Domestic violence may take the form of physical, emotional, educational, and/or economic oppression. For example, Beath, Christia, and Enikolopov (2013) discussed the chief role of rural Afghan women: taking care of children, household responsibilities, tending livestock and gardens, and assisting family members. They are under the control of male relatives either husbands, brothers, uncles, or sons, essentially living with domestic violence.

Physical abuse of women may be carried out for a multitude of reasons including dishonoring the husband, father, family, and/or village, failing to satisfy the husband in several ways, arguments or disagreements with in-laws, and failing to produce sons. Even a husband's personal problems, the loss of income or an argument with a relative or neighbor, can provoke violence. Moreover, the husband's mother and sisters are equally as likely to practice domestic violence against his wife.

The periods ruled by both the mujahidin and Taliban were especially violent for women. In fact, though the Taliban received the worst ratings for violence against women, the mujahidin were more so. The Taliban were oppressive in many ways as mentioned earlier but they did not arbitrarily rape or murder women. On the other hand, Ahmed-Ghosh (2006, p. 115) reported the mujahidin as "the most misogynist regime and committed the most unprecedented crimes against women yet the international community decided to ignore them." For that reason, many Afghan women feel betrayed by the Western world, especially the US, for allowing the mujahidin to be extensively involved in the government under President Kharzi. The mujahidin were known for their strong opposition to women in politics and government. Efforts to create and mandate laws to protect women from violence have been slow to take effect or have been nullified by other legislation (Alvi-Aziz, 2008; Paul, 2014)

Marriage is but one aspect of the lack of women's rights. For the most part marriages are arranged by the father and/or responsible male relatives. Marriage is a bartering process by which the woman, or in many cases the young girl, is traded for prestige, money, power, connections, debt repayment, and a host of other reasons. Rarely do the mothers have much say in the marriage arrangement although they may be consulted as an accession to their family role. The bride and groom may not meet until the actual marriage takes place (Abbasi-Shavazi,

Sadeghi, Mahmoudian, & Jamshidiha, 2012; Alvi-Aziz, 2008; Aziz, 2011; Barakat & Wardell, 2002; Beath, Christia, & Enikolopov, 2013).

The average age of a bride in Afghanistan is fourteen to eighteen years old and the girls are usually married to a much older man. Since polygamy is practiced in Afghanistan the girl may be the second or third or fourth wife. Polygamy creates stress for the previous wives and children, so each new wife may be the target for jealousy and abuse by earlier wives (Hassouneh-Phillips, 2001; Hyder, Noorb, & Tsuic, 2007). Likewise, a first wife is usually ignored or mistreated by the husband if he takes a second wife, and the pattern continues with each subsequent wife. If the husband lives a distance from the girl's family she may rarely, if ever, see them again. In Afghan culture the wife is absorbed into the husband's family and lives under their authority (Kabeer & Khan, 2014). Some girls have refused to marry their father's, or other male relative's, choice of husband and the retribution has been death for shaming the father and the groom.

One condition of marriage leads into another human rights issue, the health status of women. The bride is expected to start bearing children as soon as possible after being married and to have sons. Since the girls are most often pubescent, and sometimes pre-pubescent, their bodies have not developed sufficiently for sexual relations or for pregnancy and childbirth. Maternal morbidity and mortality are the cause of death for the highest percentage of Afghan women. Subsequently, infant mortality is a serious health issue (Barakat & Wardell, 2002; Gawhari, 2014; Huber, Saeedi, & Samadi, 2010; van Egmond, et al. 2004).

Numerous studies of maternal healthcare in Afghanistan have been undertaken. The primary issue is the extremely high rate of maternal/infant morbidity and mortality (Akbar, 2012; Guidotti et al. 2009). For decades Afghanistan has ranked first or second in the world for

maternal deaths. Barakat and Wardell (2002) reported that 1700 out of 100,000 women (46 women every day/16,000 annually) died from pregnancy-related causes making Afghanistan's mortality rate the second highest in the world. Huber et al. (2010) reported similar statistics from 2004-2007 with Afghanistan remaining the country with the second highest maternal mortality rate. Approximately 1800 deaths per 100,000 live births meant that women had a one-in-eight lifetime chance of dying from pregnancy related issues. Gawhari (2014) showed a decrease in maternal death from 2010 statistics to approximately 400 deaths in 100,000 live births. The most recent statistics from the World Health Organization (WHO, 2016) listed Afghanistan as 23rd in the list of all countries with 396 maternal deaths per 100,00 live births or about 4300 per year for 2015.

The reasons for such high maternal mortality are, for the most part, related to human rights issues and/or the geography and overall economics of Afghanistan (Bartlett, et al., 2002). Living in a remote village and poverty are two reasons for limited access to health care which affects many Afghan people. Nevertheless, pregnancy places women in a more vulnerable health status, and without access to medical professionals and clinics able to deal with perinatal health, they are at risk for complications. However, early marriage, early and multiple pregnancies, denial of health problems and of permission to seek healthcare by male relatives, lack of education, and cultural and religious taboos against exposure of female bodies are reasons which impact the rights of pregnant women and increase the chances of maternal death. Both Gawhari (2014) and Huber et al (2010) explored birth control among Afghan women. WHO (2016) also has statistics showing the rate of birth control use among women of childbearing age. The major issue with birth control is the lack of knowledge and understanding by men and women and their

concerns that it may be against Islam. Educational programs have been undertaken with success, but they require the professionals to be especially sensitive to the values and beliefs of Afghans.

Not only maternal health but the general physical health status of women in Afghanistan has been poor for the same reasons (Cortright, 2011; Grima, 2002). The primary male relative must first agree that a woman is ill and then grant permission for her to seek professional care. If the woman lives in a remote area she may lack transportation to a clinic or hospital and may have to walk, perhaps for days, to reach the facility. Additionally, lacking education about her body and health often means that a woman will rely on home remedies or the village mullah (elder) to cure her.

Although Afghanistan has a Basic Package of Health Services (BPHS) and an Essential Package of Hospital Services (EPHS) funded by the World Bank (Gawahri, 2014), many women are still not using them. Although Gawhari's (2014) thesis focused on the barriers women encountered in trying to use the BPHS and EPHS for pregnancy and childbirth, those same barriers (permission, education, poverty, and geography) are encountered by women in general when seeking healthcare. Moreover, during the Taliban rule women were forbidden to work in any capacity including as healthcare professionals. At the same time the Taliban decreed that women could not be seen or examined by males, thus essentially cutting off access to healthcare for women.

The mental health status of Afghan women has also suffered greatly because of the factors mentioned already. Aziz (2011), Cardozo et al. (2005), Canetto (2015), and Manalai et al. (2015) examined mental health and its causes. Depression and anxiety are the major disorders. War, poverty, oppression, forced marriages, and domestic violence push many girls and women to their emotional limits. Since access to professional care is rarely an option and the victims feel

they have no other recourse, suicide attempts by Afghan girls and women is one of the highest in the world. The usual method of suicide is self-immolation which is particularly gruesome because it is not a quick and painless death. Furthermore, not all suicide attempts end in death. Survivors of self-immolation face months of agonizing wound care and healing. Additionally, the burns leave disfiguring scars which may permanently affect mobility. In many developing countries mental health disorders and suicide are wrought with social, cultural, and religious taboos. Girls and women who survive attempted suicide are usually shunned by their husbands and in-laws because it brings dishonor. Until laws supporting women's rights are established and upheld the situation is unlikely to change.

Economically Afghanistan is a very poor country and women are the poorest of the poor. Assistance from international groups to the Afghan women have empowered them to start businesses, learn job skills, and manage finances. Beath, Christia, & Enikolopov (2013), Holmén, Min, & Saarelainen (2011), and Trani, Bakhshi, & Rolland (2011) explore and discuss the overall economics of Afghanistan, the reasons for its present economical state, and the role of women in the economics of the country. A major reason for economic problems and the failure to improve is the inequality so rampant in Afghanistan, not only between genders but also among the various ethnic and tribal groups. When women and minorities are forbidden to be or discouraged from being educated and substantially employed, the whole country suffers. Numerous organizations, both Afghan and foreign, have demonstrated women's ability to learn job skills and manage a business. However, the Pashtun culture, which strictly monitors women's mobility and the mixing of unrelated men and women, is a significant barrier to individual growth, and in turn, to the growth of Afghanistan. As with many issues in

Afghanistan, the economic situation cannot be quickly fixed because the needed changes must take place within deeply ingrained cultural and religious beliefs.

Afghan Refugee Women in Iran and Pakistan

Historically, Iran has been a country where Afghan refugees have settled. The recent history of resettlement in Iran started in 1979 with the Soviet takeover and has continued as the effects of political upheavals, war, and poverty have driven the Afghans from their country. At the start of the Afghan immigration Iran was open to all refugees. Since 1992, the Iranian government has changed its policies and the Afghan refugees no longer enjoy the same privileges and rights. Voluntary and forced repatriation has also been undertaken with the Afghan refugees to limit and reduce their number in Iran (Abbasi-Shavazi, Sadeghi, Mahmoudian, & Jamshidiha, 2012).

Abbasi-Sharvazi, et al. (2012) conducted a study of second generation Afghan refugees in Iran to examine differences between them and their parents regarding family and marriage. The younger generation has been caught in a “no man’s land” situation where they feel more at home in Iran but are not legal citizens. Although they are Afghan by ethnicity they do not feel at home in Afghanistan. In fact, they stand out in Afghanistan as more Iranian than Afghan. Additionally, Iran is more liberal in social and religious values, so the younger generation considers Afghanistan old-fashioned. For the most part the younger generation is more educated and liberal-thinking. However, they are less financially well-off than their parents because of Iran’s increased restrictions on Afghan refugees. The younger generation has fewer job opportunities and most jobs they have are low paying. Moreover, marriage between Afghans and Iranians has become more common but has its own set of consequences.

Pakistan also has a long history of being the host country for Afghan refugees. However, the overall culture of Pakistan is much the same as Afghanistan's. The refugees in Pakistan are most likely to live in a camp rather than resettle in a permanent home. Employment opportunities are in short supply making poverty is a major issue. Hyder, Noorb, & Tsuic, (2007) and Schultz (1994) examined the concepts of domestic violence and economics respectively among Afghan women refugees in the camps in Pakistan. Though both studies are older the conditions have changed little. Domestic violence has been the result of crowded living conditions and lack of privacy, along with poverty, polygamy, and the lack of support from the Pakistani police. Employment for refugees in Pakistan is limited by the government so the women have had to become creative in ways to earn an income. Small home-based businesses aided by organizations have been the primary source of income for the women.

A study of deaths of Afghan refugee women in Pakistan was undertaken by Barakat et al. (2002) found that maternal deaths comprised the greater percentage of mortality for Afghan women refugees. Additionally, maternal mortality is generally preventable. Three categories were identified as the major barriers to adequate maternal care. First is the lack of understanding, either by the individual woman, her family, and/or birth attendants, that a medical problem requiring professional care is present. Second is the lack of finances and/or access to healthcare services. Lack of access is usually because of the distance the women live from healthcare facilities and the unavailability of transportation. Third is the lack of quality and timely care when the women have reached a healthcare facility. The increase of maternal services and healthcare professionals would certainly decrease maternal mortality. However, those endeavors would also be challenging because of the lack of safety and security for healthcare professionals, many of whom come from Western countries.

A UNHCR report (2016) about the Afghan refugees in Iran and Pakistan stated that the situation constituted the largest and most prolonged refugee population in the UNHCR's charge. Pakistan, at the time of the report, had approximately 2.7 million documented and undocumented Afghan refugees in the country. Iran had nearly 850,000. Of course, the optimal outcome to the refugee crisis would be for Afghan refugees to be repatriated. However, the continued war, security issues, and poverty mean that few refugees want to or can return to their country.

Afghan Women Refugees in Western Countries

Studies conducted with Afghan women refugees in Western countries which I will discuss include: Goosen, Middelkoop, Stronks, Agyemang, & Kunst (2014) who examined the reasons for the high risk of diabetes among refugees in the Netherlands; Nourpanah (2014) who explored the integration and settlement experiences of Afghan refugees in Halifax, Canada; Sulaiman-Hill & Thompson (2012) who looked at the psychological distress and well-being of Afghan and Kurdish refugees in Australia and New Zealand after being resettled for 8-20 years; Davidson, Murray, & Schweitser (2010) who evaluated the use of Western mental health assessment tools for the use of refugees; Suurmond, Rupp, Seeleman, Goosen, & Stronks (2013) who discussed issues that need to be addressed with refugees in the Netherlands at their first healthcare provider contact; and Rostami-Povey (2007) who compared the resettlement experiences of Afghan refugees in Iraq, Iran, the UK, and the US.

Several commonalities were noted among the studies regarding religion, culture, pre-immigration experiences, and resettlement. Pre-immigration stressors such as war, torture, loss of loved ones, and poverty affected mental health status and likely physical health status. Findings from Goosen, et al. (2014) demonstrated a higher rate of diabetes in asylees from several countries, including Afghanistan, both soon after arrival and after residing in the

Netherlands for several years. Possibly various stressors related to pre- and post- immigration could impact health and result in diabetes. Asylees are not traditionally screened for diabetes or other chronic diseases upon arrival in most Western countries. So, this may be an area for continued research regarding best practice and culturally appropriate interventions.

Respect for the Afghan culture and Islam are especially important to consider regardless of the type of study, the topic, the approach, and planned interventions. Women are exceptionally modest and shy so physical exams must be conducted with great sensitivity and by a female provider, except in extreme circumstances. Women are accustomed to being silent and subordinate to men, thus women as participants in a study or as clients in a professional situation may seem reluctant to speak. Generally, if the husband and wife are together, the man will do the talking. Another reason for the women's reticence is the language barrier. Many women did not receive education in Afghanistan and are embarrassed to try speaking in English. Likewise, the lack of understanding English may lead to miscommunication when a researcher, professional, or another English-speaking individual is talking to the women.

The requirements of Islam present challenges to Westerners too. Muslims are supposed to eat only *halal* (clean) meat, which is not a common food item in Western countries. Pork is forbidden as well as any food prepared with pork. Ramadan is the month-long ceremony observed by Muslims. Fasting from before dawn until after sunset is an important part of Ramadan and should be respected by Westerners in whatever relationship they have with the Afghans. This may mean in a hospital setting, for example, that meals are arranged to be brought at night to Muslim patients.

Western stereotyping is another factor which has negative impacts on both the Afghan refugees and the native citizens of the host country. As I mentioned in a previous section the

Western idea of Afghan women refugees is *chaderi*-clad, silent, downcast women who are unable to rescue themselves from the backward Afghan culture or the evil Taliban forces. This thinking keeps the Afghan women in the victim role and Westerners in the liberator role, and neither role constitutes a healthy attitude. Afghan women have shown tremendous resilience in the face of enormous odds. The Revolutionary Association of the Women of Afghanistan (RAWA, 2016) was started as an underground organization in 1977 and continues today to assist Afghan women with education, healthcare, shelter, life skills, job skills, employment, and counseling (Brodsky et al., 2011; Brodsky et al., 2012; Welsh & Brodsky, 2010). The women who do leave Afghanistan to resettle have made one of the most difficult decisions ever by immigrating to a Western country. Furthermore, not all women from Afghanistan are rich, not all are poor, not all are illiterate, not all are educated, not all are religious. Not all Westernized women nor all American women have identical life situations. Yet, the image persists of all Afghan women being the same. Ethnic and tribal connections create distinctions among the women and must be considered part of the whole context of each woman.

Another aspect of stereotyping is the “Islam equals terrorist” mindset of many Westerners. The truth is that terrorists, Taliban, Al Qaeda, ISIS, and other extremist groups do not represent the majority of Muslims and certainly not the majority of Afghans. Muslim refugees in general have been bullied, ridiculed, scorned, turned down for jobs, and ostracized in other ways in Western societies. Saying all Muslims are terrorists is like saying all Catholics are child molesters. Neither statement is true. No quick fix is available for prejudices but as Westerners become more educated about Islam and interact with refugees from Muslim countries, perhaps the stereotypes will diminish.

Another commonality in these articles is the mental health status of refugees. Many of the psychiatric terms, such as post-traumatic stress disorder (PTSD), are Western terms. The common tools used to assess for and diagnose mental illness are based on Western concepts and terms and are not necessarily valid and reliable for use with refugees. The Afghan culture and Islam associate mental illness with sin or a punishment from Allah. Mental illness carries a heavy stigma and usually is not a topic of discussion. Afghan individuals and their families who may be dealing with depression or PTSD would be embarrassed for any other Afghan person to know about their condition. Thus, Westerners who may deal with Afghan refugees in a professional role need to be exceptionally sensitive about mental health issues. I have had first-hand experience in the development of a tool to assess depression and anxiety among Afghan women refugees. I worked with a mother and daughter who are Afghan and fluent in English and Dari to translate and linguistically validate the tool. Many hours were spent not only in translating the words but also in discussing the concepts associated with the words and any cultural and religious implications.

Giving voice to Afghan women refugees was the aim of a study by Dossa (2005), an anthropologist, who interviewed women resettled in Vancouver, British Columbia. Specifically, Dossa explored the suffering endured by the refugees. Her primary questions were related to the role of anthropologists in researching and writing about populations who are generally marginalized and oppressed by colonialization of developing countries.

Although this study was conducted by an anthropologist, I found it to encompass salient aspects of my study with the Afghan women refugees. Both feminist theory and the intersection of identifiers which could result in the marginalization and oppression of the women were discussed. The identifiers included gender (female), age (older), minority status (Afghan

refugee), native language, culture, and Western stereotypes of Afghan women as helpless victims. These identifiers intersected to create a marginalized living situation for the women. They were perceived as ignorant and weak. Employment opportunities were scarce and thus they lived in poverty. They could not afford access to adequate healthcare or other necessary resources such as education. They felt invisible to a society which had opened its doors to the refugees but failed to welcome them. The lived experience of life in Afghanistan, in refugee camps, and as resettled refugees was neither understood nor appreciated by society at large. The women were viewed in isolation from, rather than in the context of, the experiences and events which comprised their existence. The women had been wounded by their native country and were now being wounded by the host country.

Yet, amid oppression and marginalization the women demonstrated resilience and resourcefulness. One woman had found a library within walking distance of her home and learned the bus route to a nearby town, so she could shop. She also recruited assistance from young Afghan girls, strangers to her, when she had appointments at the clinic. After a time, she could make the appointments on her own, speaking Hindi she had learned in a refugee camp. Other women had joined groups, attended an improvised mosque, and maintained contact with relatives in Afghanistan.

This article seems a fitting end to the discussion of Afghan women refugees in the Western countries of Europe, the UK, New Zealand, and Australia. Above all the Afghan women refugees are women. They deserve respect for what they have endured prior to immigration as well as the resettlement process. They speak a different language, but the language of compassion and consideration goes beyond the spoken word. They have different religious and cultural values and customs which need not stand in the way of Westerners interacting with

them. They are women – wives, daughters, mothers - who want to make a new home and live a new life and pursue dreams – just like any Western woman would.

Afghan Refugee Women in the US

The Afghan women refugees in the US do not differ from those in other Western countries except the host country is the US. However, some factors change the dynamics of their resettlement in the US: the events of 9/11 happened in the US; the US was the country to invade Afghanistan; and after 9/11, Afghanistan was the first country in which Osama bin Laden was given shelter. Afghan refugees feel somewhat less accepted in the US. Additionally, as Muslims, they were targets of hostility (Hollander, 2010; Kalkan, Layman, & Uslaner, 2009; Padela & Heisler, 2010; Rashid, 2011). From personal experience I know that the Afghan people and Afghan refugees in general have not supported terrorists nor do they hate the US. Afghan Muslim friends and acquaintances are grieved by Islamic extremist ideology because it is not the norm and gives Islam and all Muslims a bad name.

On the other hand, Zoharah-Simmons (2008) stated that other Arab and Southeast Asian (Afghans) Muslims living in the US disagree with many of the US tactics and policies in their countries and resist a wholehearted embrace of the US as their new country. Both groups are uncertain about their identity: are they Muslim-American or American Muslims? Rostami-Povey (2007) also found this confusion regarding Afghan women in the UK and the US. They wanted to maintain Afghan culture and Muslim beliefs because they did not trust the overall Western culture. I found this to be true with most of the Afghan women I has met in the study. Although children must attend public school and husbands work among Americans, the Afghan women want to hold onto their culture within the home. One concern is that that their children will marry

Americans. A son can have an American wife if she converts to Muslim, but daughters must marry Afghan men.

Along the same line, Ozyurt (2010) examined the role of two California mosques and their *imams*, the religious leaders, in facilitating integration into the community at large by their Muslim congregation, specifically the acculturation of immigrant Muslim women into the communities where they live. Immigrant Muslim women are often hesitant to become active in the communities and to socialize with American non-Muslim women. The mosque provides a safe place for the immigrant women and may hinder the acculturation process. Ozyurt found that the viewpoint of the *imam*, whether he was conservative or liberal, had a significant impact on the congregation. The more liberal *imam* believed in and supported a mosque that was more than a place to pray and hear sermons. Included in the mosque's agenda were women's groups, community outreach programs, interfaith programs, and youth services. The *imam* emphasized to his congregation the need to stop thinking about their native country as home. Rather they needed to settle themselves that America was now their home and they had a responsibility to become part of the community. As more mosques are built for the increasing Muslim population in the US, the hope is the *imams* will encourage the same outlook and Islam will be viewed as less a threat to society.

The primary source of scholarly literature related to Afghan refugees in the US has been contributed by Juliene Lipson, a nurse anthropologist and professor emerita at the University of California-San Francisco. Lipson, along with her colleagues, conducted studies of the Afghan population in California, most of which were completed and published in the 1990's. Lipson (1991) used an ethnographic study to explore issues related to the immigration experience. She discussed events and experiences the second-wave Afghan refugees endured – prison, torture,

war, deaths of loved ones, poverty – and the effect on their mental status. The decision to flee their country and the process of resettling in California exacerbated the anxiety, depression, and PTSD they were suffering. Other studies of the Afghan refugees in California conducted by Lipson and colleagues include mental health issues (Lipson, 1993); health education (Lipson & Omidian, 1996; Lipson, Omidian, & Paul, 1995); medical health issues (Lipson & Omidian, 1992; Lipson, Hosseini, Kabir, Omidian, & Edmonston, 1995); social issues (Lindgren & Lipson, 2004; Lipson & Omidian, 1997); and role changes among the women (Lipson & Miller, 1994).

Shirazi, Bloom, Shirazi, & Popal (2013) and Shirazi, Shirazi, & Bloom (2015) conducted studies regarding the population of Afghan women immigrants in California, their knowledge of breast cancer, and culturally sensitive health teaching to promote breast cancer screening. The participants in the studies demonstrated the characteristics that I have previously discussed: lack of knowledge about health, dependence on male authority, extreme modesty, and religious beliefs. Additionally, barriers to successful healthcare activities and access for the immigrants included language, the attitude of the healthcare provider, lack of educational materials in Dari or Pashto, and lack of transportation. An example of the difference between being Afghan and being Muslim is the extreme modesty. The women in the study said that Islam does not prevent women from being treated by a male healthcare professional, but the Afghan culture does. For that reason, I have emphasized throughout this paper the need for professionals not to assume that all Muslims believe the same thing or that Afghan women are just like Iranian or Arab women.

Mental health issues among Asian refugees in the US was the focus of a study by Nazzal, Forghany, Geevarughese, Mahmoodi, and Wong (2014). Like the articles previously cited the

findings of this study confirmed the presence of multiple mental health conditions such as depression, anxiety, and PTSD among the refugees because of pre-immigration trauma and the resettlement experience. However, mental health is viewed differently by Western societies and does not necessarily fit with the beliefs of Asian refugees. Sensitivity regarding the recognition of mental health issues, discussion with the refugees, and interventions must be part of the treatment plan. The stigma of mental illness is a major barrier to access of services for the refugees.

The final articles I will discuss are Smith (2009), Akbar (2012), and Avidano (2012). Smith discussed the ethical and effective ethnographic methods for a study she conducted with Afghan refugee women in California. Since Smith's study involved a Western researcher from the US and Afghan refugee women I found many similarities and useful information to consider in conducting a study with the Afghan women refugees in the Southeastern US. Remembering that the population for the study is vulnerable is a priority, especially in preparing for an Internal Board Review (IRB) approval. The consent forms needed to be translated into the native languages of Dari or Pashto and easily understood. Further, having an interpreter fluent in English and Dari/Pashto available for explaining the consent, answering questions, and conducting the interviews was an important aspect of the study. Additionally, refugees have undergone traumatic experiences so being sensitive to their emotional state was important for the researcher. Getting to know the population and any gatekeepers, understanding some of the cultural and religious beliefs, behaving respectfully, and gaining trust take time but were also vital to the success of the study. I used similar techniques for my study apart from having available interpreters at every interview. I will discuss this in more depth in Chapter 3.

An issue that could have occurred in the study was the women's thinking that I had the power to affect decisions or fix problems which were not within my scope – either as a researcher or a professional. As a nurse, I was aware of the possibility of conflation between the roles of nurse and researcher. However, I did not experience either of those situations during the study.

Finally, interpretation and transcription of the interviews had to be completed with accuracy. This required many hours of careful listening to and transcribing the translation of Zoe's interview, and reading the transcriptions from the translation company numerous times. I was not able to follow up with all the participants in the way I had anticipated. However, I am confident in the quality of the interviews and the transcriptions.

Akbar (2012) discussed her experience as an insider/outsider as she conducted a study with Afghan women in Afghanistan. Although the researcher was Afghan, she had been away from the country for several years attending Western colleges. She saw herself as more Western than Afghan as did the residents of the village where she conducted the study. She still had to bridge the gap of culture and experienced a measure of awkwardness in the process. Akbar's Westernized lifestyle had to be curtailed to some extent while living in the village. She also found that her assumptions and stereotypes about the villagers was incorrect and she had to lay those aside to avoid bias. The important lesson for me was that if a native Afghan can seem foreign to other Afghans, then a woman who is a foreigner cannot expect to gain entrance into Afghan women's lives without proving herself. The difficulty I had recruiting participants among women who did not know me affirmed the reality of that lesson.

Lastly, a study by Avidano (2012) focused on the Bhutanese refugee women in metropolitan Atlanta. The study was a thesis project to develop and assess a reproductive health

curriculum for the population. I have remarked on the paucity of literature regarding the Afghan women refugees in metropolitan Atlanta. In fact, considering that Atlanta has a very large refugee population from more than 20 countries, relatively few studies have been conducted, or at least published and accessible. The main reason for citing this study was its relationship to my study. Although the populations and the topics are different the resettlement area was the same for one participant. Further, the research topic of Avidano's study may be one that I will explore in the future with the Afghan women.

Summary

Research about Afghan women has been conducted in Afghanistan and other countries but within the US it is limited. Most of the research in the US was conducted by Juliene Lipson and colleagues during the 1990s and focused on the Afghan refugees in California who are mostly first wave refugees. Thus far, I have not found any scholarly literature regarding the Afghan women refugees in the metropolitan areas where the participants live. Although these areas have a large population of first wave Afghan refugees, many more second wave refugees are arriving.

Even though all Afghan refugee populations have similarities, they are diverse in their refugee experiences. The refugees in California whom Juliene Lipson studied had come to the US in the early 1980s and had been wealthier, much more educated, and employed while in Afghanistan. In my study the participants, except one, were middle-class and had what they called good lives. Two of the women were educated and employed as teachers in Afghanistan. The others had little education in Afghanistan. All of them had lived with the trauma of war and two with threats against their husbands.

Literature that gives a background of Afghanistan and the lives of Afghan women has been discussed so the reader will have a clear context from which to understand the lived experience of the study population. Human rights violations are a primary source of oppression for the Afghan women in Afghanistan. However, Western concepts of human rights is not necessary congruent with the cultural and religious values of the Afghan women. The prevailing stereotype of the Afghan women is counterproductive and comprises the basis of colonialism, the belief that Western values are more correct than those from less developed countries, such as Afghanistan. Westerners must recognize the cultural and religious foundations of the Afghan people to aid the women in a manner congruent with those foundations. Expecting the Afghan women to embrace Western values and Western feminist ideologies is not going to foster good will. Further, aid to the women cannot come at the cost of their families, religion, or communities.

The Afghan women refugees have made new lives in Iran, Pakistan, Europe, the UK, and other Western countries and each place has challenges for successful resettlement. Appreciating the courage and resilience of the women is one step to helping them resettle and achieve a sense of well-being in their new homes.

In the US, Afghan refugees have faced prejudice and hostility because of being Muslim and being Afghan in a country that has many misunderstandings about both Islam and Afghanistan. Moreover, refugees in general are often viewed unfavorably in the US. The hope is that as more US citizens learn the truth a more harmonious relationship will develop.

The Afghan women refugees in the US deserve consideration and respect as they resettle. Therefore, knowledge about this population of refugees should provide a basis for understanding them. It may also may serve as a precursor to other studies with them and with women refugees

from other countries. Nurses will also have the knowledge necessary to provide culturally congruent care to the Afghan women. Finally, the Afghan women will have a voice and be heard, not as victims but as survivors, not as helpless but as resilient, and not as unseen but as the strong and vibrant individuals they are.

In wrapping up this chapter summary I wish to mention an article by Kabranian-Melkonian (2015). The author discussed the many ethical considerations involved in studies of refugees and other displaced persons, whether undertaken in the native or host country. From accessing the population, gaining trust, and obtaining consent to the actual conducting of the study, researchers must bear in mind that refugees are an extremely vulnerable population. The temptation to take advantage of displaced persons for research is strong. Thus, researchers need to maintain an exceptionally high standard of ethics. The final words of the author are thought-provoking

Becoming a refugee with no high hopes for the future or to return home is one of the most difficult situations that a person can be put in. In most cases of refugees who have no hopes for achieving what was lost, political agendas interfere and the fate of the people who suffer most from the situation is neglected. Their needs often remain unattended, and people who have lost the most receive the least from policy makers and key players. Human services professionals have a moral obligation to serve the most vulnerable and needy groups of humanity. Starting from an assessment of the situation, we must present unbiased and accurate information to raise awareness and advocate for the rights of people who have lost their rights of being who they are, who have lost everything they have lived with and for. Human services professionals can become the true voice of refugees who have lost their voice by becoming the bridge between the

decision makers and the victims. Through research, which allows direct interaction with the most vulnerable, professionals can speak for the voiceless and have their stories told (pp. 721-722).

Chapter 3: Methodology

Design Overview

In conducting this study, I used a qualitative design, specifically a phenomenological methodology. The reason for using a qualitative design is because the data was personal stories of Afghan women refugees in three metropolitan areas of the southeastern United States. The population was originally limited to metropolitan Atlanta. However, my attempts to recruit participants from this area were challenging and I will explain those challenges in greater detail in the section about the participants. The overarching rationale for qualitative research is the exploration, discussion, and/or interpretation of experiences and concepts that are new or not well understood. Qualitative studies focus on meanings, thoughts, ideas, perceptions, and other topics that cannot be measured by an instrument or direct observation (Chinn & Kramer, 2011; Munhall, 2012; Polit & Beck, 2012).

The heart of phenomenology is to understand the experience of an individual in a specific context (McEwen, 2011; Munhall, 1994, 2012; Rodgers, 2005). The study was conducted to uncover and understand the lived experience of the Afghan refugee women, so phenomenology was the most appropriate methodology. A critical aspect of phenomenological research is acceptance of the individual's perception of the lived experience as his/her truth and reality. Thus, the lived experience becomes the phenomenon to be understood.

Phenomenology was described by Polit and Beck (2012) as originating from philosophy and psychology and focusing on the lived experience of individuals. Phenomenologists purport that individual experiences are what give meaning to a person's perceptions of events which then become their reality and truth. The primary tenets of the lived experience include space, body, time, and human relation. Likewise, Groenewald (2004), in relating the history of

phenomenology, reported that a person's reality is his or her lived experience and the internal personal consciousness of objects and things in the world.

The specific phenomenological approach I used was the interpretive method developed by Patricia Munhall, a nurse researcher. Her perspective is that a researcher interested in using a phenomenological approach to a study must "be[ing] phenomenological" (2012, pp.114-117; 1994, pp. 4, 7). As I reviewed the various phenomenological approaches I had an immediate connection to Munhall's style. Additionally, while I was developing the proposal I communicated several times with Ms. Munhall and found a great deal of similarity in ideas and values about research (P. Munhall, personal communication, September 14, 2015). For these reasons I chose this phenomenological approach to the study.

This method includes seven major phases with explanations of criteria and activities to be undertaken during that phase. However, I want to convey the emphasis Munhall has placed on phenomenological methodology being dynamic, fluid, and changeable. Although Munhall does not endorse a step-by-step manner of phenomenological research she has outlined a series of important aspects to guide a study. Additionally, Munhall underscores the researcher's need to be attentive to the interplay between and among the various aspects because they intertwine throughout a study. Becoming too focused on ordered steps may cause the researcher to miss vital information or reflections (Munhall, 1994, 2012).

Discussion of Munhall's Interpretive Phenomenology

In this section, Munhall's interpretive phenomenology approach will be discussed in more detail. Unless otherwise cited I used Munhall's works (1994, 2012) exclusively. Phase I of phenomenological research consists of the researcher's immersion in learning about phenomenology and becoming phenomenological. Munhall noted a component of

phenomenological study is ‘becoming your study’ (p. 134) and “...the phenomenon tak[ing] up residence within you...” (p. 134). In other words, the phenomenon should become “an intense longing to understand...the meaning of something” and “...become[s] a passion” (p. 134). The lived experience of Afghan women refugees has become a passion for me. Extensive reading about the history and development of phenomenology, the key philosophers and their ideas, and various concepts and the meanings, and phenomenological studies is vital. Munhall strongly advises the reading of original works of early philosophers such as Husserl and Heidegger as well. I have read numerous research articles and books which have enhanced my understanding of phenomenology as philosophy and methodology. The literature has included phenomenological study articles as well as articles which give direction for participant recruitment, interviews and data collection, data analysis, and writing the final report for a phenomenological study. This phase should result in the phenomenological question which for the study was: “What is the lived experience of the Afghan women refugees residing in three metropolitan areas in the Southeaster US?”

Moving on to Phase II, I clarified the phenomenological aim of the study and communicated the aim to others. Also, I reflected on personal beliefs, intuition, values, knowledge, and bias to accomplish the unknowing, the separating from anything that would prevent me from seeing the phenomena as it is. Journaling is one method for self-reflection and I began journaling while in course work and preparing for the dissertation proposal. Journaling should be ongoing throughout the research and can be used as one way of evaluating the rigor of the study. I maintained a journal throughout the study and it is available for review as a tool for evaluating the study’s rigor.

Phases III and IV constitute the time I spent conversing, communicating, reflecting, listening, describing, recording, assessing, analyzing, and clarifying, the words, expressions, thoughts, experiences, literature, contexts, and situations of self and the participants. These phases are intense, dynamic, and critical to the study. In fact, they are the heart of the study requiring flexibility and insight on the part of the researcher. Valuable data could be missed or a participant's trust in the research damaged if the researcher is not fully engaged in the study. Additionally, a study conducted with participants from a country and culture foreign to me required greater attention to details such as culturally sensitive communication, correct interpretation of words and gestures, and clarification of conversation. The dynamics of these phases will be described in more detail in the data collection section.

I began writing the participants' narratives in Phase IV. Narratives are individualized to participants' lived experience as they described the experience and explained the meaning the experience had for them. Additionally, consideration of the life worlds of each participant was vital to appreciating their lived experiences. The concept of a lifeworld arose initially from Husserl's development of phenomenology and has been expanded upon by other phenomenologists including Merleau-Ponty and van Manen. Munhall incorporated lifeworld into her phenomenological approach and used the terms coined by van Manen to describe an individual's lifeworld: spatiality, corporeality, temporality, and relationality. Spatiality is the place, whether physical or abstract, where a person is. Corporeality refers to the embodiment, the connected mind-body, of a person. Temporality is the time in which a person lives as well as the perception of time. Relationality is the relationships with others within the lived experience of interest.

The life worlds of the participants were not identical simply because they all came from Afghanistan to the US. For some their spatiality was a home in Pakistan, and some a home in Afghanistan. The homes varied from nice middle-class homes in Kabul to a very small home in a remote area which had no running water or electricity. Two of the women lived in shelters in the US for a few months. Corporeality consisted of illness, aging, pregnancy and childbirth, and depression and anxiety which affected the participants' perceptions of the refugee experience. Temporality, the timing of events, such as childhood, marriage, birth of children, death of a loved one, or time waiting on a visa, was different for each woman. Finally, relationality, the various relationships each woman had during the lived experience, impacted their individual experience.

In Phase V I began analyzing each individual's lived experience in context to develop meaningful narratives. Not only the words of the participants were analyzed and interpreted, but also the behaviors, expressions, emotions, body language, and words left unsaid. The process of putting together the individualized stories in a manner so they can be formally written took place in Phase VI. The written narratives should portray richness and meaning to the readers and draw them into the experiences of the participants. I chose to write in the first person because it felt more comfortable to me and it should be comfortable for and appealing to the reader. Narratives included both individual anecdotal content and generalizations of the lived experience. They were as accurate as possible, so the readers can have a clear picture of the experience, its meaning, and its essence.

Phase VII consisted of writing a narrative about the study itself which constitutes Chapter 5. The narrative describes the meaning of the study and implications for professional nursing

practice, policy development, social changes, and/or future research. Additionally, I recapped the major points of the entire study.

I wish to expand on one of the assumptions I stated in Chapter 1 regarding knowledge of the refugee experience. I have read about refugee experiences, interacted with refugees, and watched newscasts of the Syrian refugees arriving by boats to Greece and have formed a foundation of knowledge about refugees. Yet, this is not the same as understanding the lived experience of a refugee. The best comparison to their lived experience is my experience as a foreigner in Afghanistan. The language, culture, religion, sights, sounds, daily routine, and many other simple factors in a normal day were all strange and, to a point, frightening. So that is what a refugee encounters when arriving to the host country. However, I knew I could, and would, return home where everything and everyone was familiar. The refugees do not have that luxury. They know when they leave their country they most likely will never return. Furthermore, their loved ones are left behind in the horrible circumstances from which the refugees fled. Quite possibly they will never again be together. I have tried to imagine how I might feel if I were in Afghanistan as a refugee and would never return to the US. But the imagining was always countered by knowing I could and would return home.

Thus, the knowledge about some aspects of the refugee experience had to be contained so it did not, in any way, lessen the obligation I had of “being phenomenological” throughout the study. I was privileged to meet and interview five Afghan women refugees. However, I have interacted with many more and feel an even deeper appreciation for the context of the women’s lives.

Sample, Consent, and IRB

Sample. I faced several challenges in conducting the study including the opportunity to meet and recruit participants and the loss of the only interpreter available at the time. The initial discussion in this section will be about those challenges and the necessary revisions made to conduct the study. Following it will be the description of the individuals who did participate. I discussed all revisions with the dissertation committee and received approval prior to initiating them. I used only pseudonyms, which I chose, for the participants. The pseudonyms are deliberately American names so that no Afghan name is used inadvertently.

Initially, I had planned to interview participants from the group of women in metropolitan Atlanta, whom I had known prior to the study. Two women had agreed to participate but decided to withdraw when I attempted to set up interview dates and times. Both women said they were too busy with work, child care, and other responsibilities to be in the study. However, the first translator, Sherri (pseudonym), who had worked with the women for a few years, and I believed that the women just did not want to talk about their experience. This is understandable since the refugee experience is fraught with traumatic situations – war, death threats, family separation, loss of loved ones to prison or death, and uncertainty (Edberg, Cleary, & Vyas, 2011; Lipson, 1991, 1993; Nazzal, Forghany, Geevarughese, Mahmoodi, & Wong, 2014; Sulaiman-Hill & Thompson, 2012). Recounting the experience can be more painful than a participant is able to handle. On the other hand, one woman (Zoe) who had chosen not to participate decided she would, and her interview, conducted in February 2017, was the first for the study.

Following the initial interview, I had difficulty finding opportunities to meet other Afghan women refugees. Although the Atlanta area has numerous refugee organizations none are at liberty to give out personal information about the refugees. Moreover, meeting the women

in any setting required the assistance of an interpreter. Sherri was employed full time so managing our schedules to visit refugee organizations during daytime hours was next to impossible. I contacted directors/managers of two organizations recommended by a colleague who knew about them. Again, the response from the directors did not pan out and I was unable to make headway in meeting Afghan women.

In May 2017 I began volunteering for a refugee clinic and for a refugee sewing business as one way to meet Afghan women as well as to fulfill a desire to work with refugees. I met several women, one whose husband had been an interpreter with the US military in Afghanistan. Hence, he and his family were no longer safe in Afghanistan. This couple came to the clinic and I had opportunity to talk with the husband about my interest in Afghanistan and proposed study. He was certain his wife would want to participate. I took his contact information and explained that I would have Sherri talk to them. However, when I spoke with Sherri she was no longer available to assist because of a family situation. I called the husband twice more to let him know the status of the interpreter and to maintain contact. This was in late May and Ramadan began on May 27th and lasted until June 25th. In consideration of the importance of Ramadan to Muslims, I decided not to pursue interviewing anyone during this time; moreover, interviewing was not possible without an interpreter. Thus, between not being able to meet women and not having the help of an interpreter I was unable to conduct any interviews for several months.

During this time, I was actively looking for another interpreter. I talked to Zoe's son who had a great many Afghan and Iranian contacts. An important factor regarding an interpreter for the Afghan women was the nationality of the interpreter. Having an Afghan woman interpret for another Afghan woman can have a negative impact on the interviews. Historically, a longstanding taboo against sharing information inter-tribally has been followed (Smith, 2009).

Tribal feuding has been part of Afghan culture for centuries and is present today. Sharing information between tribes puts the first tribe in a vulnerable situation because its weakness, or in some cases its strength, are now exposed (Barfield, 2012). In August 2013, Sherry, who was serving as an interpreter for the GRHMH then, shared this information with me and said that the women may not talk to each other as readily as they might with non-Afghan women. Although this information is not valid research, it does mirror the findings of Barfield who spent many years living in Afghanistan learning and writing about the country and people. It is also a finding Smith noted in her study with Afghan women refugees.

I had first-hand experience of this characteristic in 2015 when I suggested bringing one woman to the home of another for a friendly visit. The woman of the home said, “I don’t want that woman in my home.” The majority tribe in Afghanistan is the Pashtun which has persecuted some of the minority tribes, namely the Hazara. Adding to the tribal conundrum is the Shia versus Sunni Islam rift. Sunnis are the majority faction and have victimized the Shias. Thus, I hoped to find an Iranian woman who could interpret. The Afghan Dari and Iranian Farsi are variations of Persian and are easily substituted.

In August I met a physician acquaintance who asked about the progress of the study. I related the problems I had encountered especially the lack of an interpreter who was fluent in English and either Dari or Farsi. The physician knew a young Iranian woman refugee who attended the same church and offered to give her my contact information. Two days later this woman, Ellen, called me and a meeting was arranged.

At the meeting I discussed the study with Ellen and what her role would be as an interpreter/translator. Ellen had already done some interpreting for a community organization. I compiled a notebook for Ellen with copies of the consent in English and Dari, the interpreter

confidentiality form and three articles related to interpreting and translating for research interviews. I asked Ellen to review what she had been given and then call me to confirm whether she would be interested in assisting. Ellen was willing and excited about helping with the study. An interesting side to meeting Ellen was that she had a young Afghan refugee couple living in the next apartment, a potential participant.

The first assignment for Ellen was to contact the husband and wife I met at the clinic to introduce herself and let the couple know the reason for the delay in scheduling an interview. However, Ellen was not successful in recruiting the woman. Despite several phone calls and explanations about the study, this couple did not agree to the interview. So that was a disappointment for me but not completely unexpected.

Ellen contacted her neighbor to discuss participating in the study. Again, despite several phone calls and assurances this woman declined to participate. The husband remarked more than once that what his wife said might be published on social media and cause problems. I asked Ellen to suggest a simple introductory meeting with the three of us, nothing related to the study, but this did not work out either. The couple eventually said they were too busy.

I believe two major factors affected the willingness of the Afghan women to participate in the study: the current social and political environment in the US and globally regarding refugees and immigrants; and the emotional and mental consequences of the refugee experience. As mentioned in Chapter 1 the UNHCR statistics indicate for FY16 that more people worldwide have been displaced than any previous year. The number of displaced people seeking refuge has overwhelmed the abilities of many countries to manage the situation and resulted in social, economic, and political ramifications.

As one example, Chancellor Angela Merkel (Dockery, 2017) allowed an open-door policy for all refugees in August 2015, making Germany a hot spot for refugees. However, the numbers of refugees arriving in small towns in Germany quickly became a problem. Austria, Greece, Turkey, Hungary, Slovenia, Croatia, Serbia, and Macedonia began closing their borders to refugees which made getting into Germany much more difficult for refugees. Moreover, some German citizens were criticizing Merkel for her open-door policy because several refugees committed crimes such as sexual assault, knife attacks, setting off explosive devices, and driving a truck into pedestrians. Now Germany is denying asylum to and deporting large numbers of refugees back to their native countries.

In the US, during his first week in office, President Trump issued a travel ban for refugees from Syria, Iraq, Iran, Sudan, Libya, Somalia and Yemen, making good on his campaign promise to decrease refugee entry into the US. Furthermore, social media has continued to portray negative messages, news, and images about refugees and immigrants. Organizations, federal programs, and even cities have been hindered and/or threatened with negative consequences for assisting refugees, especially those who are undocumented. In Georgia on February 11, 2017, federal immigration agents arrested 87 undocumented immigrants state wide with 30 being from the Atlanta area. Many of those arrested had lived and worked in Georgia for years. The round-up left the general refugee/immigrant population living with fear and uncertainty (Wickert, 2017).

Moreover, refugees have left their native countries amidst a great deal of corruption and violence which has eroded trust. Anyone with actual or perceived power or authority is viewed with suspicion. Refugees avoid giving out information which could possibly be used against them for purposes of arrest, imprisonment, and or deportation. The Afghan refugees have

endured decades of war and uncertainty about whom to trust. They have been betrayed by their own government, by fellow Afghans, and world powers.

I recognized that gaining the trust of the newer Afghan refugee women would require an extended period of engagement in the community. The deadline to complete the dissertation prevented me from being able to spend enough time with the Afghan women to gain trust. Therefore, I concluded that I would need to expand the study setting to have enough participants. My husband and I have personal Afghan refugee friends living in another state in SE US and, after discussion with the committee chair, I made plans to visit those friends. Additionally, my husband had an Afghan student who said her step-mother would be interested in participating. By mid-October I had interviewed five participants and, along with my committee chair, decided this would be sufficient for the study.

The number of participants in a phenomenological study will vary depending on the researcher and/or the purpose. Since redundancy, the repetition of themes in the transcribed interviews, is the endpoint of data collection for this type of study, Polit & Beck (2012) indicated that most researchers using a phenomenological methodology prefer ten participants. I reviewed literature but found no consensus about numbers of participants or the number of interviews with each participant (Alase, 2017; Bevan, 2014; Casey, Proudfoot, & Corbally, 2016; Giorgi, 2017; Matua, 2015; Petrovskaya, 2014; Wilson, 2015). The primary focus was having richness of data to describe the lived experience sufficiently for readers.

Neither does Munhall (1994, 2012) support a specific number of participants but rather the number which provides richness of the phenomenon being studied. She warned against having a prescribed number of participants and a prescribed number of interviews with each participant. Since each participant is a unique individual each interview must be conducted in a

manner that suits the context. Munhall also cautions against simply combining the themes that emerge but to include plenty of individual anecdotal narratives.

Each participant in this study was an Afghan woman refugee living in one of three metropolitan areas in southeastern United States. All participants were older than 18 years of age and arrived in the US after 2001. The rationale for the age was to limit the study to women who are legal adults in the US. The arrival after 2001 was to ensure the participants were second wave Afghan refugees whose lives and immigration experiences differ from the first wave Afghan refugees. However, this criterion did not take into consideration the fact that many refugees went first to Pakistan, Iran, or Russia before coming to the US. Yet, after listening to the interviews, my conclusion was that the experience was not less traumatic for any of the participants regardless of socioeconomic status, and none of them came from tremendous wealth.

The definition of refugee was discussed in Chapter 1 in the section Terms and Definitions and is basically used to describe individuals who leave their native countries for extreme, even life-threatening, circumstances such as war, poverty, and natural disaster. They have often lived with decades of war and the resultant poverty. Many of them have faced actual or threatened persecution and/or the execution family and friends (Barfield, 2010; Welsh & Brodsky, 2010; Smith, 2009; Tober, 2007).

The Afghan women who participated in the study met the criteria of refugee status. One woman came to the US to get married, not as a refugee. Nevertheless, that participant had lived as a refugee in Pakistan and her parents arranged the marriage, so she could flee the war and crises in Afghanistan. The other four women did come to the US as refugees.

The women ranged in ages from twenties to possibly forties or fifties. Some of their ages were difficult to ascertain because most of the women did not know when they were born. Birth

history and certificates are not generally maintained in Afghanistan; thus, individuals will make up an arbitrary birth date for legal purposes. All participants are married and have children. All but one participant came from Kabul, the capital city of Afghanistan. The other participant lived in a village area in western Afghanistan near the Iranian border. Most of the women spoke minimal English but one was fluent enough in English to be interviewed in English. Although the women can speak and understand some English, they felt embarrassed about the limits of their understanding and pronunciation. Lack of English was one major theme in the interviews and is an obstacle for the women resettling in the US.

Three of the women lived in Pakistan before moving to the US and one woman lived there for about fifteen years. She had left Afghanistan in the 1970's prior to the Russian invasion. This could be considered a limitation of the study, but I accepted this situation as part of the whole refugee experience. All the women have close relatives still living in Afghanistan and the separation seemed to be one of the most difficult aspects of the refugee experience.

The selection of participants among the Afghan women refugees living in the southeastern US was both purposive and involved snowballing. Snowballing has proven to be an effective method for recruiting participants from vulnerable populations (Sulaiman-Hill & Thompson, 2012; Welsh & Brodsky, 2010). The first participant was a woman I met in 2013 while volunteering with the Georgia Refugee Health and Mental Health (GRHMH), an Atlanta based non-profit organization. I had planned to interview Afghan women from the group I met first, and then use snowballing to recruit more participants. One woman who declined to participate had told me that several new Afghan refugee women were in the area and she offered to help with recruiting. A female cousin of the other woman who declined to participate had been an English teacher in Afghanistan. She had also offered to assist in recruiting and interpreting.

Nevertheless, these three women informed me they were too busy to help or participate once the study was ready to begin.

Intersectionality Identifiers. Refugees are a marginalized and vulnerable population (Richardson & Norris, 2010; Smith, 2009; Sulaiman-Hill & Thompson, 2012) and the Afghan women refugees are no exception (Nourpanah, 2014; Shirazi, Bloom, Shirazi, & Popal, 2013; Sulaiman-Hill & Thompson, 2012). Feminist theory in general focuses on oppressed, vulnerable, and marginalized populations. Intersectionality feminism posits that multiple identifiers exist in the lives of many women, such as women of color, foreigners, and those in poverty, which place them in a vulnerable position. Further, the identifiers intersect to create a situation where oppression and marginalization are highly probable. For the Afghan women who participated in the study those identifiers include: refugee status, low socioeconomic status, female gender, non-English speaking, Muslim, and being foreigners from a country not well understood by Americans (Rostami-Povey, 2007; Shirazil et al., 2013; Smith, 2009; Sulaiman-Hill & Thompson, 2012). The intersectionality feminist theory continued to be a guiding factor for the study because it aligned with the situation in which the women live. In the next section I will discuss the identifiers and how they placed the Afghan women refugees in a marginalized situation.

Since refugees are not citizens of the US, they may be viewed as a threat to or strain on the American economy, healthcare system, educational system, and housing. Many American citizens believe that refugees are coming to the US to take advantage of handouts and remain supported by government welfare programs. Although refugees are supported by federal and state funding it is only available for approximately eight months. Then refugees are expected to support themselves (Burr, Gerst, Kwan, & Mutchler, 2009; Refugee Health Technical Support

Center, 2011). However, refugees are usually not at a point of complete financial independence at the end of the 8-month period, one reason for a lower socioeconomic status. Furthermore, refugees are looking for a better life which includes employment, education, and contributing to society, not becoming dependents of the government or any refugee assistance organization (Fix & Passel, 1994; Mohanty, 2006).

Still, refugees frequently end up with low-paying jobs that have few to no benefits. They struggle to support themselves primarily for one of two reasons: either they enter the US with little to no education or job skills; or they are unable to find employment like what they had in their own countries. (Pandey & Kagotho, 2010; Viladrich, 2012). Thus, refugees become trapped in a lower socioeconomic status (SES), may have little or no healthcare access, may be living in high crime neighborhoods, and lack transportation and good quality grocery stores. Richardson and Norris (2010) discussed race and ethnicity as factors impacting minority populations and subsequently having poor access to healthcare and living in less than desirable neighborhoods. Rostami-Povey (2007), Sulaiman-Hill & Thompson (2012), and Welsh & Brodsky (2010) had similar findings related to second wave Afghan refugees resettling in a Western developed country. They face a more difficult resettlement process than the first wave. Often the men are unable to find any job, much less one with an adequate income.

The participants in this study did not report overt negative interactions with US citizens or assistance organizations. However, all of them, except the woman who came for marriage reasons, did mention the lack of income as a factor in their lives. Their husbands either were not eligible to work in the US until they had fulfilled visa requirements or had difficulty finding work with a sufficient salary to support the family. One husband was a physician in Afghanistan and another was an engineer, but they were not allowed to work in those capacities in the US.

Two women reported living in a shelter because they were unable to afford the rent for an apartment. The shelters were crowded and unsanitary, with several people having to use the same bathroom facilities. For Muslim women sharing a bathroom with non-related men is taboo.

Worldwide, being female has been a centuries-long reason for suffering oppression and marginalization as discussed in previous sections. The Afghan women refugees lived in a patriarchal society in Afghanistan (Beath, Christia, & Enikolopov, 2013) and encounter that mindset in the US since this country is still more or less a patriarchal society. Furthermore, though these women now reside in the US, they remain in a male dominated family situation. If Afghan women refugees must work the Afghan men tend to feel angry at their inability to provide for their family. This role change can cause friction between spouses and lead to domestic violence. Moreover, even though they are working outside the home the women must continue to fulfill all the duties of a wife and mother. (Lipson & Dibble, 2009; Rostami-Povey, 2007; Shirazil et al., 2013).

The women who participated in the study spoke of their marriages as being one of the good aspects of their lives. Three of them said their husbands were their best friends and none of them told me about abuse in the relationship. In fact, the marriages seemed to be quite well balanced in terms of gender. The decision to immigrate to the US was made with agreement of both husband and wife. Only one woman works outside the home but does so to help family members still in Afghanistan. Three women who came from Kabul also stated that abuse of women is not common in the city where people are educated. The abuse is typically found in remote villages. Thus, gender did not seem to be a problem for these women.

I did note when I was in social gatherings with Afghan friends that the men and women separate with the women having responsibility for the children. Usually after the initial greetings

the men congregated in one room with the door shut. The food was taken to them and then cleared away by the women or one of the boys old enough to help. Occasionally one of the small children would go to be with the father but soon returned to the mother. The women managed the cooking, serving, cleaning up, and tending to all the needs of the children. The women did not seem to mind this specific role division but that was only my observation.

On the other hand, all of them reported language as a major obstacle. Language has been shown to be a significant barrier for refugees (Atwell, Gifford, McDonald-Wilmsen, 2009; Edberg, Cleary, & Vyas, 2011). Not speaking English has marginalized all the Afghan women in the study regarding healthcare, employment, transportation, and/or other necessary activities. They all expressed a desire to learn English but felt overwhelmed at the prospect.

Seeking healthcare from a provider who does not understand the refugees' native language can result in awkward, embarrassing, and even dangerous situations. The refugees may not be able to explain their health problems nor understand instructions from the healthcare provider (Paylish, Noor, & Brandt, 2010; Shirazi et al., 2012; Sulaiman-Hill & Thompson, 2012). For one participant, the language barrier led to misinformation and misunderstanding about epidural anesthesia during labor and delivery. As a result, the baby's status was compromised, and the mother had to undergo an emergency Cesarean section.

Religious differences have historically caused misunderstandings among people. Islam is a religion different than the Christian-based doctrines in the US and Muslims are often misunderstood and viewed suspiciously (Bowen, 2009; Hollander, 2009; Ozyurt, 2010; Rashid, 2011). The lack of understanding of Islam has led many Westerners, including Americans, to stereotype Muslims as terrorists. Islam is religion based on Allah as the all-powerful God and the teachings of his prophet, Mohammad. The tenets of Islam are clean living, helping others, and

pleasing Allah (Charles & Daroszewski, 2012; Hollander, 2009; Rashid, 2011). Although many Americans think of the Qur'an and Islam as instruments of evil, teaching hate and revenge, the Qur'an conveys many of the same Christian teachings of love, forgiveness, humanity, and peace. Hollander (2009) examined how some of these false ideas have been generated and supported by media for decades that Arab equals Muslim equals terrorist.

As with any religion, believers of Islam run the gamut of strict fundamentalists to more liberally minded individuals. However, the strict fundamentalists often receive the most media attention for their cruelty to women and non-believers. News clips of suicide bombers and terrorists sawing off the heads of captives are seen world-wide so no wonder the image of Muslims is negative. Telhami (2015, December 9) compared the results of three polls conducted in October 2001, August 2011, and November 2015 about Americans' views of Islam as a religion and Muslim people. Being personally acquainted with Muslims, being a Democrat, and having higher education did positively affect people's viewpoints about Islam and Muslims. However, the polls overall were not strongly indicative that Americans had a favorable attitude toward Islam or Muslims. None of the study participants reported any prejudice or negative encounters as a Muslim but all of them live in large metropolitan areas in which Islam is not uncommon. In small towns or rural areas, the chances of prejudice might be much greater.

Moreover, the extent of knowledge many Americans have about Afghanistan is limited to its being a backward country and the place where Osama bin Laden hid after 9/11. Thus, they equate Afghanistan with ignorant people who do little but fight among themselves and breed terrorists. However, the clear majority of Afghan people are moderate Muslims and not associated with terrorism or with radical interpretations of Islamic laws. Moreover, many Americans lump Afghanistan in with Middle Eastern countries. Afghanistan is not Middle

Eastern but part of Southeast/Central Asia. In fact, the Afghan people would be highly insulted to be called Middle Eastern. After 9/11 many Afghan people living in the US became targets of slurs and even physical violence because of the “everyone who is or looks Arab or Muslim is a terrorist” stereotype (Hollander, 2009; Kaifi. & Aslami, 2009; Padela & Heisler, 2010). Again, none of the women reported having been subjected to discrimination as an Afghan, which may be the result of living in areas with large Afghan populations.

The interpreter, Ellen, however discussed her husband’s experiences at work as an Iranian. He has been asked if he were a terrorist, if he were going to bomb everyone, and other such remarks and questions. The factor that seems to make the difference is the geographical area where this man lives. It is a small town surrounded by largely rural areas in the deep South.

IRB and Consent. The Internal Review Board (IRB) of Kennesaw State University (KSU) approved the study effective February 7, 2017 as an Exempt Review - Category 2: Educational tests, surveys, interviews, public observation. On October 9, 2017 the IRB granted approval for the revision to the study: expanding the geographical location to two more cities in the southeast US.

The consent (See Appendix C) explained the study (purpose and method), defined the participant criteria, and addressed confidentiality and anonymity and the voluntary nature of participation. The consents were in English, Dari, and Pashto. For three of the participants an interpreter was available during the interviews to explain the consent. Each participant had opportunity before the interview to read the consent in her native language and ask questions. One participant, who is fluent in English, signed an emailed consent.

I did not anticipate any risks to participants. All the women became tearful and two cried during the interviews. They had been advised that they did not have to continue in the

conversation or the study if it became too stressful and this was clearly stated in the consent. None of them stopped the interview prematurely nor did any women request that the interview not be used in the study.

To maintain anonymity, the women's real names were not used in the recorded or written content. I used pseudonyms for the participants' names, as mentioned previously, and the list matching the real names and pseudonyms was stored on a password-protected laptop. Confidentiality was protected by maintaining all audio recorded data on equipment dedicated to the study and not accessible to anyone other than interpreters, dissertation committee members, and me. Downloads of the original interviews were stored on a password protected laptop which only I used. Both recorder and laptop remained in my office or were carried personally in a secure case. No one else had access to the recorder or laptop except in my presence.

Transcribing the interviews involved emailing, uploading, or mailing a flash drive to translators. I emailed one (Mary's) interview recording to her husband. Shelley's interview was saved to a flash drive and mailed to her sister. Anna's interview was saved to Ellen's (translator) computer. After the interviews had been transcribed each translator destroyed his/her copy or returned the flash drive to me. The professional translation company deleted the recordings after they were transcribed as part of their contract with me. The only recordings available now are on my personal computer or on my recorders. All are stored in my home office and no one else has access.

The snowballing recruitment method somewhat affected the anonymity of participants. Three women from one city are acquainted or are family members so they knew about each other's participation. Additionally, this was the city where I have Afghan friends who were helpful in suggesting women who would participate. Those situations were unavoidable, but I

have confidence that the women involved respect each other enough not to reveal information to anyone else.

Setting

The setting for the study was three large metropolitan areas in the southeastern US. The sites for the interviews included participants' homes, a library in an apartment complex, a small coffee shop, and a coffee shop in a large bookstore. The two factors which were most important to consider for the setting were emotional security of the participant and the absence of distractors. Three participants expressed a desire not to be overheard by other family members, so their interviews took place outside the home.

Two women were interviewed in their home or a family member's home. The one woman has seven children and lives in an apartment. Four of the children were away at the time of the interview and my husband took the other three children outside to play. The apartment was empty and quiet. One problem with this interview was the lack of an interpreter. This woman (Mary) did not attend school in Afghanistan and could not read or write her native Pashto. Although she had made progress with English, she was not able to understand most of what I said. She did understand enough to sign the consent but most likely because she already knew me, and her husband had explained some about the study. I started the interview, but Mary could not comprehend what I was asking. The interview ended up being a three-way conversation with Mary's husband on the phone as the interpreter.

Another woman, Shelley, was interviewed in her sister's home and her sister served as the interpreter. The sister had Shelley and me sit in a corner of a large living/dining area that was comfortable and fairly private. However, near the end of the interview three teenage girls, daughter and nieces of the interpreter came into the area. I was not sure about continuing but

Shelley did not appear to be bothered by the girls' presence. The main problem was their talking and laughing which was distracting and at times too loud for me to hear. However, I did not feel like I had liberty to change the location nor to ask the girls to leave.

Instruments and Method of Data Collection

In a phenomenological study the researcher is the primary instrument (Munhall, 1994, 2012). Thus, I was aware always of my body language, tone of voice, and demeanor during the interviews. Furthermore, I faced a more challenging situation as being the primary instrument because of special circumstances in this study. Three major issues were apparent to me prior to and during the study.

The first, a trusting relationship, proved to be a problem with recruiting Afghan women refugees as participants. This has been discussed and I did not have enough time to develop trust with women I did not know. Even making a social visit to the women before beginning the interviews was rejected by the two potential participants. I hope to continue working with the Afghan women refugees and will have more time in which to engage with the community.

The second issue, the power differential, did not seem to be a problem. None of the women expressed concern that I would misuse the information to affect their refugee status. The only apprehension expressed by two of the women was that I would be posting the interviews on social media sites. Once I assured the women that I would not be doing this they were fine with participating. None of the participants requested or hinted at receiving any special favors or benefits for participating. To the contrary, each woman thanked me for taking time to listen to her story and appreciated my genuine interest.

The third and most complex issue was the language. Because I do not speak Dari or Pashto, the native languages, I was unable to conduct any interviews after the first interpreter had

to stop. During the first interview, remaining engaged with the conversation required a great deal of concentration. I took notes of the participant's body language, affect, and behaviors as well as the overall physical environment. On subsequent interviews I did not take notes, but I have a clear mental image of the settings and the participants. I revisited the participants, either by phone, in person, or through the interpreter to confirm the words and meanings of the interviews. I also asked participants to make corrections and/or additions to the transcript as needed.

All interviews in Pashto and Dari were translated by an outside professional translation company which specializes in Pashto and Dari and each recording was translated by two people. Additionally, two of the interviews were translated by an Iranian interpreter. The other two were going to be translated by the family member who interpreted. However, both family members were extremely busy and were unable to complete the translation. Then one interview did not need to be translated because the participant preferred to speak in English. The two interviews that were translated by an Iranian interpreter and the translation company were very closely matched. The Iranian Farsi is much like the Afghan Dari and most people who speak one can understand the other. Some of same words have different meanings, like the variation in American and British English. I am satisfied that the translations are linguistically valid.

The data I collected were information from the participants' experience from pre-immigration through the resettlement process. A semi-structured interview guide (See Appendix D) was used as a reference point, more for the interpreters' benefit than mine. I began each interview by asking the participant what life was like for her in Afghanistan and to tell me about some experience or event which was particularly meaningful. Other topics included events and circumstances that led to the decision to leave Afghanistan; feelings and thoughts about the decision; the physical leaving of Afghanistan; the process of resettlement; coping methods; and

feelings about living in the US. I included information about each participant such as age, year she left Afghanistan, marital status, number of children, and other details to put the individual story in context. The last question I asked each participant was whether the refugee experience had a specific meaning for her or was there a word which summed up the experience. That question seemed to be more difficult for the participants to answer and may be related to the difference in cultural concepts.

In general, the participants spoke freely about their experience. The woman whose husband interpreted spoke for about ten minutes and then said she was done. At this point she began crying, and I ended the interview. Another woman spoke for about 45 minutes without stopping and then said she was done. She cried three times during the interview, but each time recovered and continued. Again, when she finished, I did not attempt to ask any more questions.

Discussion of My Interview Experience

The interview with Zoe was my first and I felt a mix of excitement and apprehension. Beginning the study was a monumental step but at the same time I was aware of how little experience I had conducting qualitative research interviews. Sherry (interpreter) and I met at the small coffee shop and talked a few minutes, to catch up with our lives since we had last met. I showed Sherry the consent and semi-structured interview and explained how to begin and manage the interview. I also showed Sherry how the recorders operated. Then Sherry and I drove to pick up Zoe at her home. Zoe had dressed up very nicely for the occasion and was standing outside in her yard waiting.

In the coffee shop the we ordered tea and pastry and then chatted casually while waiting for it to be brought. Once we had our food Zoe read the consent and Sherry explained details, then Zoe signed it and the interview began. I made some notes about Zoe's facial expressions,

emotions, and body language. Zoe did cry two or three times but was not overly emotional. She showed a picture of herself and college friends taken in Afghanistan before the Russian war began. They looked like college students anywhere in the world, smiling and holding their books. Zoe also showed us a picture of her mother and said, "I love her. I wonder what she was thinking." This is one time when Zoe cried. This is still a source of grief that she is separated from her mother.

The interview ended after an hour and a half. A few times Sherry stopped to tell me what was being said. I took Zoe home and, though the language was a barrier, some conversation took place. I told Zoe how much I appreciated her willingness to participate. At Zoe's home she stepped out of the car and her husband and two children were outside. I waved to them and said hello and then left.

Each participant's story was equally touching even though some aspects were similar. Only one interview was in English, so I had to wait for the translations before I knew what was said. Reading the transcriptions over and over never dulled my feelings for the participants' experiences. Listening to Hannah, the one English speaking participant, via skype and then in person, I could feel the fear, sadness, grief, and pain. Anna cried three times with her face in her hands, and each time I could only watch and try to offer some comfort. Mary cried at the end of her interview, sobbing as though she were reliving the experience. Shelley spoke of her journey over the rugged mountains returning to Pakistan after finding out the Afghanistan was still not safe. She had walked for three days to get to Afghanistan and gave birth the night she arrived. After a month or two, she realized that Afghanistan was still not safe and decided to return to Pakistan. A woman, nine months pregnant, with two small children, and no man, walking to Afghanistan, and then back to Pakistan with three children is an image I find almost

incomprehensible. Reading Anna's story of living in the shelter in the US where roaches crawled alongside her baby was horrifying because, to me, roaches are disgusting. Two women gave birth in the US without their mothers present to help, and the language and medical customs are not like home. Hannah was a small child who was hit by a bomb and lay for hours in pain waiting for her family to find her. Zoe still grieves for her brothers who were killed. All of them long for their country to be whole again and they live with the fear of a message that a family member or friend has been killed.

Rigor: Accuracy and Replicability

Integrity of any study is an important consideration for the researcher. Qualitative studies are deemed rigorous by their accuracy, trustworthiness, and transferability (Polit & Beck, 2012; Roberts, Priest, & Traynor, 2006). Researchers use a variety of methods to ensure the rigor of a qualitative study. I chose to use the criteria in Lincoln and Guba's framework (1985, as cited in Polit & Beck, 2012; as cited in Shenton, 2004) as the measure for rigor for the study. Their criteria include credibility (confidence in the truth); dependability (reliability of data over time); confirmability (objectivity); and transferability (findings applicable to other settings/groups). In the next section I will explain how I used these methods for this study.

Credibility

Prolonged engagement. The first way I have demonstrated credibility for the study is my prolonged engagement in learning about Afghanistan. Since 2008, I have read numerous non-fiction books related to the history, culture, government, and religion of Afghanistan. I have discussed these topics with Afghan individuals in the US and in Afghanistan and was able to verify and expand the knowledge gained by reading. I have made two trips to Afghanistan and

observed and experienced the culture of the country. The trips included visiting colleges, hospitals, museums, religious sites, and homes of the Afghan people.

I focused on various issues and topics about Afghanistan throughout the doctoral program, researching the literature. Additionally, my husband and I have personal friends who are Afghan refugees. We have visited their homes and the Afghan friends have visited our home. Each interaction has provided more insight into the Afghan culture, politics, and beliefs.

Finally, I have been involved in three organizations in my home area which serve refugees where I had opportunity to meet and interact with Afghan refugees. Being involved in the organizations has resulted in friendships with Afghan women and their families. I have been able to ask questions freely about Afghanistan and the culture, religion, and beliefs. The women have openly conversed with me about these topics.

Method. My decision to undertake a phenomenological study of the lived experience of the Afghan women refugees was made after prolonged engagement with the Afghan community and other refugee organizations in my home area. The literature showed a gap in this type of study conducted with this population. Experiences prior to understating the study led me to believe that more knowledge and understanding of the Afghan women refugees were needed within the nursing profession because these women would, at some point, be interacting with nurses.

The method most suited for collecting data for a phenomenological study is personal interviews or focus groups. I had planned to use both methods, but the committee members felt that the data might be compromised in a focus group setting. The likelihood of participants from different tribal backgrounds agreeing to meet or to speak freely about their experiences in a

group setting was slim. I discussed this cultural characteristic in more detail in other sections of the paper. The personal interview was the only method used for data collection.

Triangulation. The study was originally planned for a specific metropolitan area, but I encountered difficulties, as discussed previously, which resulted in interviewing participants from two more metropolitan areas, all within the southeastern US. These difficulties and the plan to enlarge the setting was discussed with my committee and approved. Thus, credibility is upheld by recruiting participants from multiple sites and different age groups and backgrounds.

Debriefing and peer scrutiny. Moreover, I maintained a reflective journal which details my experiences, thoughts, feelings, and plans for the study. The journal is part of the audit trail and was emailed to the committee members for review and feedback at various points from proposal defense to the completion of the study. I asked for support and clarification from the committee members who made suggestions and referred me to helpful resources.

Honesty of participants. I have no reason to believe that the participants were not straight forward and honest in their interviews. Each woman thanked me for allowing her to tell her story, as though the telling to an objective, but empathetic, person was helpful. Likewise, I have read autobiographical accounts of other Afghan women refugees. The details of the stories differ but otherwise they complement each other regarding thoughts and feelings about the experience.

Moreover, I was not affiliated with any organization so the participants had no reason to fear being in the study. By the same token they did not receive any benefit for participating which may have led to giving false information. All participants willingly agreed to be interviewed and they were advised in the consent of their right to withdraw at any time.

Member checking. With barriers of distance and language, the follow up visits were not conducted as I would have preferred to do. Member checking was done with only three participants. Two participants (Mary and Shelley) were able to review their interviews and make changes or add information with the family member who served as their interpreter after I emailed the transcript. The third participant (Hannah) was interviewed in English and did not require an interpreter and I met with her in person. Hannah's reaction to reading the transcription was becoming tearful as though she were reliving the experience at times. Mary's husband told me that when he read the transcription he cried and cried. When I asked the participants about what meaning the refugee experience had for them, this concept did not seem to translate well. Since Anna lived a distance from me I was not able to visit her again. I sent a text message to Anna about wanting to follow up but did not receive a reply. The translation for Zoe's interview took several weeks, and then I had to transcribe it. In the meantime, Sherry was unable to help me, Ramadan was going on, and Zoe went to Afghanistan. I was not able to follow up with her either.

Dependability

Dependability can be achieved by thick description of the study. I have described the research design, why it was chosen, what was planned, and what was done in conducting the study. The interviews were described including the setting, how long they lasted, how they were obtained, the use of interpreters, the consent process, and the challenges and revisions to the original plans. Within this paper and my journal are more descriptions of the study and reflections of various aspects of the study.

Confirmability

I have described in this paper and in my journal the beliefs, experiences, and assumptions which could be a source of researcher bias. I have discussed possible limitations to the study and their effect on the data collection and data analysis. I have also used triangulation in the forms of multiple sites and participants from different ages and backgrounds.

Transferability

Transferability in a qualitative study is not a given but again, thick description of the study can enable other researchers to decide whether study findings would be applicable to other settings and populations. The thick description of the study can fulfill this criterion. Refugees differ in the context of their native countries, cultures, religious beliefs, political factors, and personal situations which led to the decision to flee their native countries. I believe that one of the major points about transferability to consider is the specific context of the population to be studied. Further, having a sound knowledge of the specific refugee population will allow the researcher to approach the study with respect for the participants' contextual experiences.

Data Analysis

The data, referred to as material by Munhall (2012), consists of typed documents of the audio recorded interviews that have been translated from Dari or Pashto to English. Additionally, I read the documents multiple times to tease out themes and concepts. This was an important step for me as a novice researcher rather than depending on computer generated results. Moreover, two of my committee members had used computer software for analyzing qualitative data and they did not encourage using the software. Data collection, data analysis, and coding are usually ongoing simultaneously in qualitative research. Those steps have been completed, and I will write the narrative part following the process suggested by Munhall (2012).

Procedures

The overall procedure I followed has been addressed in previous sections and does not required a great deal more explanation. With each interview I began by asking “What has the refugee experience been like for you?” and then allowed the women to relate their lived experience and, if able, its meaning for them. An important part of phenomenological interviewing was to allow the story to unfold naturally without my prompting or redirecting the participant. All women agreed for the interviews to be audio recorded. During the interviews I made notes about the body language, emotions, tone of voice, and any other non-verbal gesture or interaction which enhanced the translated interviews.

The need for an interpreter for all but one interview changed the dynamics somewhat since I could not understand what was being said unless the interpreter stopped the interview and explained the conversation. I preferred to let the women speak without interruption as much as possible and had explained that to the interpreters. However, each interview was unique depending on the participant’s preference, the presence or absence of an interpreter, the location of the interview, and the language used in the interview.

The recorded interviews were downloaded to a flash drive and to the OneDrive application on my computer as a back up to the recorder. The flash drives were given/mailed to the interpreters and had only the interview specific to the individual interpreter. The recorded interview in which the husband assisted with interpreting was directly emailed to his personal computer. All interview recordings were uploaded to the Afghan Translation Service via the WeTransfer program and those have been deleted by the company within the time frame stated. Otherwise, I contacted all interpreters and requested they delete any audio or electronic copy of the interview once they had finished reviewing/transcribing.

I had one problem with the skype interview. The connection was lost after just a few minutes of conversation. While the reconnection was being established I turned off the recorder so the extraneous noise would not be recorded. However, when the interview restarted I did not restart the recorder. Not until the end of the interview did I realize the mistake. I made the decision after discussing it with the committee to type up as much of the interview as I could remember. I met the participant in person about three weeks after the interview, reviewed the transcript with her, and revised it accordingly. The integrity of the interview was maintained.

Research with Vulnerable Populations and Language Barriers

One consideration I had while developing the proposal and conducting the study was the responsibility of working with vulnerable populations and interviewing, interpreting, and translating in a foreign language. Smith (2009) related her experience as an outsider (American) researching Afghan refugees in California. Refugees are a vulnerable population and must be approached with sensitivity for the circumstances, usually violent, which have forced them to leave their native country with short notice. Further, Afghan refugees have a culture quite different than Western ones and understanding the unique position of Afghan women is important. Another critical element is recognizing that not all Afghan people are necessarily united with one another in the country of resettlement. As discussed, differences in culture, religion, tribes, geographical setting, and political views may create strong feelings and animosity. Prolonged engagement, trust, respect, and confidentiality are essential for those who research vulnerable populations. Additionally, the study findings ought to be used to better the lives of the refugees rather than just for the sake of research.

Likewise, Kabranian-Melkonian (2015) addressed many of the same points. Not only refugees' fear of harm and lack of trust but also the linguistic and cultural factors create

challenges for interviewers. Participants may not be honest, which can limit data gathering. The interpretation and translation, if not done carefully, can cause inaccuracies in the data and miss the intended meanings of what participants said. Respect for the refugee participants is crucial because they may feel insulted and/or exploited.

I have taken seriously the research with the Afghan women refugees and have endeavored to maintain respect, appreciation, confidentiality, and trust. My approach has been grounded in the desire to conduct research which can help the refugees make the resettlement transition easier. Further, I wish to use what I learn to improve the relationship between healthcare providers and the Afghan women refugees.

Timeline

The timeline (See Appendix E) provided an estimate of the length of the various phases of the study. However, several issues already mentioned delayed data collection and completion of the study.

Summary

In summary, I used a phenomenological approach to conduct the study because I was interested in the lived experience of the Afghan women refugees and the meaning it has for them. The type of phenomenology most congruent with my personal perspectives was Patricia Munhall's interpretive phenomenology. This process and its application to the study have been articulated. I explained in detail the procedures I followed for recruiting participants, conducting the interviews, managing the interpretation, translation, and transcription of the audio recorded interviews as well as obtaining a second translation by a reputable company for linguistic validation. I discussed how I maintained security of the data, which includes the recorded interviews, transcriptions, and the pseudonyms of participants. Pseudonyms were English names

I chose, rather than Afghan names, to add a layer of anonymity. IRB approval was obtained before the start of the study and was granted for the revision of the study. The consent process was described, and all participants freely gave consent to be interviewed.

The settings for the study were three major metropolitan areas in the southeastern US. The sample was purposive and included snowballing with a total of five women participating. Criteria for participation in the study has been defined along with the rationales. Some characteristics of the participants have been described and will be further discussed in Chapter 4. Identifiers which could place the women at risk for oppression and marginalization have been explored as per the intersectionality feminist theory.

The primary instrument for a phenomenological study is the researcher but this study included a semi-structured interview list of questions. The questions were used as needed to redirect the interviews or confirm statements by the participants. Throughout the study I engaged in self-reflection and journaling and adapted the procedures as necessary to complete the study. Interpreters played key roles in the success of the study and I greatly valued their assistance.

Data analysis was completed by reading the transcribed interviews multiple times and looking for themes. No software program was used. The findings are written into a narrative in Chapter 4 to disseminate and I will also write a narrative of the study itself as part of the final report. Communication and culture were the two primary concerns I had about the study. The participants' native languages were Dari or Pashto neither of which I understand. However, interpreters including two Iranian women and relatives of the participants were able to assist me. Professional translation services were used for linguistic validity of the translations. Establishing a relationship with previously unknown Afghan women refugees did not happen and the possible reasons for that were discussed. Since time was limited I expanded the geographical location to

include two more metropolitan areas within southeastern US and was able to recruit participants from Afghan women with whom I was acquainted and one whose step-daughter knows my husband. I am familiar and comfortable with Afghan culture so that was not an issue during the study. While the study presented some challenges, revisions were made to maintain integrity. The findings fill a gap in the literature regarding the lived experience of being a refugee. This knowledge will be beneficial to the nurses who encounter this population in practice. The study has been the start of a cherished endeavor which I hope to continue – that of working with the Afghan women refugees in the US. Further, I anticipate that the findings of this study could be applied to other women refugee populations who are fleeing similar conditions in their native countries.

Chapter 4: Analysis

In this chapter I will describe in more detail the women who participated in the study. The research question, “What is the lived experience of the Afghan women refugees?” will be explored in this chapter as I report the study findings. The themes and sub-themes will be examined as they relate to the intersectionality feminist theory identifiers noted in previous chapters.

Description of Participants

Five women participated in the study and their ages ranged from early 20s to late 50s, with a mean age of 40. Some demographics, such as exact ages, are not available because of the lack of a system in Afghanistan to manage that type of data. Further description of participants will include marital status, number of children, socioeconomic status (SES) in Afghanistan, and other factors deemed pertinent.

Zoe, late 40’s to early 50’s, was born and raised in Kabul, the capital of Afghanistan. Her family was middle-class, and she was one of four or five siblings. All the children were college educated and had good employment. Zoe herself was a teacher. She is married and has five children in their late teens to early 20’s. Some were born in Afghanistan and some in Pakistan. Zoe and her husband spent 15-17 years in Pakistan as refugees before arriving in the US in 2008. The primary reason for leaving Afghanistan was because of lack of safety. The mujahidin factions were fighting throughout the country, most severely in Kabul, to take over the government. Schools had been closed because of gun fights and bombings.

Shelley, age 58, was born and raised in Kabul, one of six siblings. She came from a middle-class family. Shelley was college educated and employed as a teacher in Afghanistan. She is married and has five grown children, four were born in Afghanistan, and the youngest in

Pakistan. Their oldest daughter left Afghanistan at age five to live with her grandmother and then her aunt and family. Like Zoe, Shelley and her husband left Afghanistan because of the fighting among the mujahidin and went to Pakistan first as refugees in 1992. Shelley returned to Afghanistan with her three children at the time for one or two months. She had received word that the situation was better in Afghanistan. However, that was not the case, so she returned to Pakistan and remained there until they came to the US in 2003.

Mary, age 35, was born and raised in Kabul, one of six children. Her older sister and brother attended school through the fifth grade. Their father died in 1994 and their mother raised them alone. Mary and the other younger siblings never attended school. She is married and has seven children, the two youngest were born in the US. Her husband (Sam) was threatened by Taliban because his job as a doctor involved working with US and other Western countries. Sam came to the US in 2012 but did not have the means to bring Mary and the children until 2014. Their situation in Afghanistan was dire enough that Mary could tell only her immediate family members that they were leaving the country.

Anna, mid 20s, was born and raised in Kabul. She came from a middle-class family and has siblings. She had formal education in Afghanistan equal to high school in the US. Her husband's job as an engineer involved working with the US and other Western countries. He was threatened with death by Taliban if he did not quit his job. They were granted special immigration visas (SIV) which is for those Afghans who are at high risk because of their work with the US. Anna has two children. Her daughter, age three, was just a baby, perhaps a month or two old, when Anna and her husband came to the US in 2014. Anna's son was born in the US.

Hannah, age 35, was born and raised in a rural area/small village in SW Afghanistan, near the Iran border. She is one of eight children and her family was in a lower socioeconomic

status than the others. They had no electricity or running water. She had some formal education which was interrupted by the Taliban. Hannah and her parents went to Pakistan in 2001 for seven months as refugees and returned to Afghanistan. Hannah came to the US in 2002 to marry an Afghan man who is a US citizen. She has two young children. She is employed at a large department store chain. Hannah is the only participant who is employed outside the home.

Anna, Shelley, and Mary live in the same metropolitan area. They dress in traditional Afghan clothing. Zoe and Hannah usually dress in Western style clothing and may wear more traditional clothing when they visit Afghanistan. Shelley, Anna and Hannah have drivers' licenses. Hannah is fluent in English and preferred to be interviewed in English. The other four women can speak and understand some English with Anna being the most fluent. Hannah and Zoe live in their own homes and the others live in large apartment complexes or townhouses as renters. All of them are Muslim, regularly attend mosque, and follow the Qu'ran. They are moderate in their Islamic beliefs and do not approve of the strict sects which have caused a great deal of the conflict in Afghanistan.

Findings

The interviews and the reading of the transcripts was an emotional experience for the me. I have read and listened to numerous accounts of Afghan refugees and the stories never fail to have a poignant effect. I found seven major themes which overlapped considerably and separating them was not clear cut. The major themes are: 1) Starting over; 2) Hopes and realities of America; 3) Holes in my heart; 4) Movies in my mind; 5) Strong women; 6) Coping: How am I going to live this life? and 7) Afghanistan: Past sorrows and future fears.

Theme 1: Starting Over

Starting over is never easy no matter the small the task or venture. Starting life over in a new country is a major endeavor. Starting over as a refugee who was forced to flee her native country is probably one of the most overwhelming experiences a person could undertake. Each woman had to start over and Zoe and Shelley started over twice – once in Pakistan and then in America.

Starting over as a refugee in a new country entails leaving behind family and friends, culture, jobs, homes, and all that is familiar. Starting over means leaving the country of one's birth. Each woman talked about large families with whom they celebrated holidays and family events. They loved Afghanistan, though it was riddled with problems that forced them to flee. Shelley and Zoe had good jobs as teachers. Some of the comments made about life in Afghanistan were "We had a good life," "we had a comfortable life," and "life was good."

Zoe's description of her life was this:

We had a middle-class life in Afghanistan and we come from an educated family, my brothers were civil servants. I was living in the center of Kabul, I was born there, we had a good life and my parents had made everything accessible for us. In Kabul we had house. We had family, brother, sister. We had respect and people respect us because I was a teacher.

Shelley's comment was similar:

When I was living in Afghanistan before the war, life was very good because I was a teacher and educator. I taught children, I had a good family and home. We did not have any problems. We lived a safe life, our children did not have any worries, and going to the market was not a problem. We owned land and had a

comfortable life We could have travelled anywhere we wanted, we could go to the market, visit our friends. People used to attend schools in peace. And we had all kinds of facilities provided by the government. People had decency and respect for each other.

When asked about life in Afghanistan Anna said:

We had a very good life back home. In Afghanistan, we were renting a house but our life was good. It was going well, I lived near my mother's home. I would visit my mother at least once [a day], around late afternoon.

Mary's description of home:

We had a great comfortable and happy life in Afghanistan with my family, my in-law's family and siblings. My brothers-in-law and so forth, we had a big family and with the blessings of Allah, my husband was a doctor in the United Nations. That's where he worked, he was a senior manager for HIV [program] and he had an important job, we were happy about that. We had a very happy life in Afghanistan, our family would always get together during Eid, Baraat [religious celebration], weddings and so forth.

Although Hannah lived in a rural area and came from a poorer family, she still had positive things to say about her life in Afghanistan. She and her siblings were close to each other and their parents. Her mother was caring and tried to make life as good as possible. Her father worked hard to provide for his family though it meant being gone much of the time. Neighbors helped each other.

Then, they all had to leave and reasons for leaving were related to safety and security and wanting a better situation for their children. Shelley and Zoe were threatened by Taliban because

they were teachers and working outside the home. During the 1970s and 1980s anyone suspected of working for or with the Russians were targets too.

Zoe shared her experience:

And when war start [sic] they closed the schools and they told us we had to wear hijab. I had left the war behind, because back in Afghanistan we were nothing, my children had no future there despite whatever education they could get.

Because I didn't want anything happen to me and my husband and my kids we left Afghanistan. We couldn't live there anymore. We left everything – our job, our house. I was a teacher. I had a house, and, um, I lost everything. I lost my home and we just left Afghanistan and we migrate [sic] to Pakistan.

You know, the police... no... I mean these people who were fighting [mujahidin], they came and took our house and turned into a check point for themselves, we were kicked out and we became refugees. This was in Kabul, we went to my husband's sister's place... and then left.

Shelley's description of home:

...but with the start of wars problems started piling up. We didn't have any peace of mind. We couldn't live a comfortable life, schools were not safe, and children were not safe. We lived our lives in a state of fear and didn't have any confidence in the state.

Poverty and destitution were rampant, sometimes we had food and other times we didn't. Even if we had the money we didn't know where to get the food. We were in these unsafe homes, there was fighting everywhere. We would have breakfast and then go to someone else's home because our area was not safe. Bombs were

coming from all sides, the government people had internal fightings[sic] and the foreigners were also fighting.

Yeah, I moved especially for the safety and to keep the children safe. And no education, everything is gone in my country. Go to school, one hour teaching, after that the student and teacher are nervous. They want to go home. And the students and teachers walk to school, my friend was a teacher and had a baby and she was going home. On the way, a bomb came and she was killed, the baby survived and she died

Mary and her family and in-laws enjoyed good times, but she stated:

And then in between these moments of happiness we felt sad as my husband kept receiving threats, we had security issues. And the United Nations office was always targeted and every day when he went to work, we were always worried about it. And we always prayed for his safe return, the roads were not safe and we were always stressed about these issues. And then... we were stressed a lot... my husband was very concerned about the future... he worried about the family and children and what life would transpire into. And my husband would experience a lot of problems which kept getting worse over time and my husband was very sad.

Anna also lived close to multiple family members and had this to say:

Because my husband was at risk, the Taliban had issued several threats for him. They told him that they would kill him and wouldn't let him live. They asked him to leave his job and if he did that, Taliban didn't promise to help him if he left his job, they didn't say what to do instead of your job and threatened that if he didn't leave his job. They said they would kill him, I told my husband that there is no

point to be here as he was at risk. We should leave this place. And then...We should leave this place, we should go away from our country

Hannah's story was a bit different:

I grew up living in war. I thought this was a normal life because that's all we knew. We got used to bombs and fighting. We didn't have much in Afghanistan. We didn't have electricity, so we didn't have TV or lights or a refrigerator. We had to keep our food in the well. My father was gone a lot, so I grew up without a father. He travelled and was in different states and countries. He did whatever work he could to survive and take care of his family. He worked with farmers and did anything to earn money. When I was 15 the schools were closed by Taliban.

Zoe and Shelley talked about their time in Pakistan. They did not report any positive aspects of living in Pakistan. It was simply a place to flee from the conflict in Afghanistan. Zoe and Shelley were married and had children when they went to Pakistan. They stayed for several years. The common thread was how hard it was to go there as refugees and start over. They had concerns about money, their children, housing, and employment. Both Zoe and Shelley were able to work as teachers there and their husbands also had jobs, but they still did not have the income they had in Afghanistan. They reported being not treated well by the Pakistani government and by individual people because they were refugees. "Life was hard" and "we worked so hard." Being disrespected was another refrain.

Zoe said:

Life was very hard for me, it was a foreign country. but when we came to Pakistan we became nothing. We were nothing, we worked hard in this foreign

country because we had no income, my children and I had no future. My husband had no future, my family had no future.

We, uh, had money that we brought from Afghanistan and we opened one shop and we worked so hard. Life was going on, you know, passing but uh, then I start. I became a teacher over there. I would go there [to work] at six in the morning and return at six [in the evening], some days I would feel like passing out because three shifts are too much for a teacher.

Some days I couldn't get the rent money ready to pay, my husband was working and I was focusing on my children, it was a foreign country and I faced a lot of challenges.

We were trying very hard to go to another country, we tried very hard. The point was to leave the dreaded Pakistan... this country would take our money and fight against Afghanistan... we had no option and that is why we went there.

Shelley's account of being in Pakistan:

I felt bad as I was leaving my own country for another country. I felt that I am leaving my own country and becoming an immigrant in another country. How would I start my life from zero again ... because Pakistan is also slowly... it is a little bit going to not so safe... also the education is not so good for the refugees. The work is a little slow, and this is one reason, safety: Some people are good, Pakistanis in general are not good to Afghan people. Sometimes they talk back, they say you are not good people, you left your country, why did you do that? They say about us that we are not good people.

And the government is sometimes... for some people it is helpful and for others not, there is too much corruption, because any country that allow refugees. These are changing... looks like... they would give the tents and clothes donated for refugees, they [Pakistanis] take them and give them the cheaper one. And in the school... lots of donations come for refugees, but nothing goes to them. They will give a little [indiscernible], it is a bad area for the kids and the Pakistani people... sometimes they are nice and good to people, sometimes they are not... they demand their rent. It is not easy life... in Pakistan, there is no school and sometimes the school has no buses. The mother and father are worried, the school wants money, and the government schools are not open for refugees. And they have to walk far [long distance]. As a refugee in Pakistan, kids do not study, kids [indiscernible], if the father is worried then the kids are worried. There is no education, they work in the store... or maybe they sell something on the road.

Shelley received news while she was in Pakistan that the situation in Afghanistan was better, so she took her two children and returned. At the time Shelley was due to give birth to her third child. After three days of hiking through the mountains between Pakistan and Afghanistan, she gave birth the night she arrived in Afghanistan. However, this news proved to be wrong and after about two months she decided to return to Pakistan. Once again, she gathered her children, one that was no more than two months old, and walked across the mountains to Pakistan and started over. She related her venture:

Everyone said that after this Afghanistan is safe, the continent is helping, it is safe. I said it is OK, I stay because I have a small kid. I start my life from zero again, I said I will stay... after that [I said] no, no...Five years old... I said not now,

I will stay in Pakistan and I will start again, I had a small baby that was one year old...One month old... and five years old...And the other one is three years old...

I went to look for a house. And to find a job again. I was a teacher again, I found a school that was for the refugees. I again started my teaching, six or seven years, in my idea [opinion] I couldn't move to Afghanistan until the war is done...

And in this time I went for the second time to Pakistan, I decided that I will never go back to Afghanistan. I said I will stay in here in bad situation, I will fix my life for my kids and I and I will live here [Pakistan]. Because for me... I started again my work and my husband opened a store. Save my kids, they were studying, they had education, and sometimes I miss my country

First time, he [husband] went with me [to Pakistan]. The second time he stayed, I sold my car, I let someone stay in my house until I come back. And after me... after that, the war was too much, the border was closed, we came back [to Pakistan] after two months... [Indiscernible] and I was also very upset....My husband didn't know if we are alive or not.

When Zoe and Shelley received visas to come to the US they were happy. Nonetheless, coming to America meant starting from zero and starting over – again.

Zoe commented:

When we were in Pakistan we tried so hard to live there and come to America and when they accept us to come to the United States I was so happy at the beginning. And when I came, you know, in the airport, in Atlanta, they send an interpreter because my kids didn't know how to speak English. They said "Oh we don't need

to have interpreter.” For six months in America they helped us. They gave us place and food, and my kids start working.

For me is different story. I’m a woman. No job. And I have no education. And I don’t speak the language. And I try so hard to learn to speak English but because of all those pain and suffering I can’t remember anything. And now I’m at home.

In America everybody works, and uh, that’s kind of painful for me because I don’t have income and I don’t have insurance. I don’t have any respect and I’m nobody. I just need to clean, cook, and work hard. No income

Shelley had this to say about arriving in the US:

I was living here, my family helped me a lot, taught me driving. My kids go to school, I said I am ready... everything is here. Everything is available for my kids, they go to school, and we learned English slowly.

For Mary the situation was different because her husband came first. She said, “When he came here [the US], we became even more upset. I was wondering what this life has in store for us next, what will happen to my children and my in-law parents were also sad that their son went away.”

When Mary and the children arrived she had this to say:

Because I was wondering what will happen to our life with these kids, I had nobody from our extended family here when we came. We went to the county and lived in the shelter... it was a very difficult time for us... imagine a woman coming from Afghanistan to America...[Sobbing], I did not understand the language and didn't know their education, I had these kids... [Sobbing] [Sobbing] we lived in

the shelter, we had no friends and couldn't go to anyone's house and nobody could visit us.

Anna's feelings started out negative:

We came to America where on the first day I did not like the weather and even if you are going to find it disappointing. I hope you don't get upset with me, but I did not like the weather in America, or [alternate translation] When I came to America, as soon as I entered I didn't like it. As I entered the country, I have been sad from the first day until this day. I am somewhat better, but I was crying every day during the first one year. That's where we used to live [basement apartment], we placed the carpet there and started our life from zero.

Theme 2: The Hopes and Realities of Life in America

Life in America held out hope for these women and was the goal of their refugee journey. Each woman spoke about life in America as good. They have safety, education, jobs, homes, opportunities, and freedom. Feeling happy and "I have a good life" were commonly reported.

Zoe expressed her appreciation:

My children are all very hard working, they can find their way, I am thankful that they do not have any problems, they came to America and they are away from wars, they are living in - my children have access to everything and I am thankful for that... my children have found their way out, they eat well, they dress well I am happy that my children are comfortable. Since I am living under the American flag, I am happy to serve in any way possible Because I live in America, I live in comfort, eat well... whether they offer help or not, that is a different story. I like to serve here too... Even if I am here... I have a peaceful life,

But when I look at my own perspective I am thankful. Yeah because I live here in this country, under the flag of the United States, and they helped me a lot

Shelley was glad to be safe:

Yeah, after I understood... I was watching the news... I was upset. This time I am also happy, because I am safe, my kids and my family are safe and they are studying here. My kids go to school, I said I am ready... everything is here.

Everything is available for my kids, they go to school, and we learnt English slowly. Anyway, it was nice to have family, I see them a lot and they work. No, here is fine, because people are coming, the kids are safe and they can go to school. It is OK, the bus is in front of your house, the kids go to school...

here the education and study system for low income people is good. And here we have help for children too, which is very good. And for the... the kids are better, it is eighty percent better than Pakistan.

Mary also spoke about safer conditions:

And then my husband was accepted here, and then we were accepted... I was happy that my husband is happy and well there, he didn't have any problems.

And then slowly we were able to find our way, now my husband has a job with the blessings of God and my children attend school. Now we understand the language, I am also improving...

America is better for us because my husband is safe here and he is not experiencing any issues and I am happy because of that. I am glad that my children and my husband are safe and healthy, I am I'm very happy here.

Anna wanted a better life for her children:

We grew up in war and problems, I want better future for my children, I want them be mentally comfortable. So they can study and when they are not stressed, they will not have any fear. I will not be scared that my children will face the danger of suicide attacks.

America has that advantage. Security is much better here, one can get out of the house regardless of whether it is day or night. Our children can safely go outside with me and there is no fear or worries. I go outside in peace, understand that the security is much better here and we can travel around safely. This country is much safer, we can go outside, my kids can study without any worries, and they can go to school without fear.

Hannah shared her happiness:

My husband is good to me and takes care of me and my two children. I can't believe that I'm here. Sometimes I ask my husband to pinch me because I feel like I am dreaming. I ask him if it's real that I'm living in America. But I have a good life in America. My husband is a good man and I have two children. I'm happy here.

On the other hand, life in America has not always met the expectations of the refugees. While safety was an asset, the lack of work and financial issues were major problems. The lack of work was not only being unemployed but also not being employed in the same type of job as they were in Afghanistan. As I mentioned in the demographics, one husband was a doctor and another was an engineer. However, neither of them is yet employed in those capacities. In fact,

Mary's husband is working three jobs to support the family. The loneliness and separation from family has also been a detriment for the refugees.

Mary worried about being so far from any family members. She sobbed as she related her loneliness. She did not understand the language, did not understand the educational system, had no friends, and had to abide by the rules of the shelter which meant... [Sobbing] "we couldn't go to anyone's house and nobody could visit us. After eleven o'clock there was a curfew and nobody could leave or enter." "I was looking at my kids and asking God how I am going to live this life." Another worry was her husband's lack of employment:

For a long time my husband had no job, back home he was a doctor and had a happy and comfortable life. At the beginning life was very sad for me here, I couldn't understand the language and didn't know where to go I was pregnant and I did not understand anything, I did not have anyone from my own family or my in laws to help.

Anna talked about the refugee financial assistance:

They would only offer a few dollars for my children through TANF [Temporary Assistance for Needy Families]. We had food stamp support for one year and as soon as my husband's working conditions improved. They stopped that on us too, they stopped TANF after a year as well. And these were the two kinds of help America offered us.

Anna and her husband were given two days to find a new apartment. However, the rent was far beyond what they could afford, and they ended up going to a family shelter. She shared her story about living in the shelter:

They gave us one room, the bathroom was in the hallway and it was shared with all the people. We are Muslims, and our faith doesn't allow that we should share bathrooms with other men, I would go there too. It was a very bad feeling as to why I am here.

But we were forced to be there, there were cockroaches in my room. Regardless of how much I cleaned the room, the cockroaches would roam and even get over my daughter's pacifier.

Our case worker did not help us at all and said they would help people who were handicapped and didn't have a leg or something, they told us you should work and my husband did work. His income was around five to six hundred dollars. With that money we couldn't even rent a basement, what could we have done with five hundred?

Theme 3: Holes in My Heart

While interviewing Hannah the words “holes in your heart” came to my mind as she spoke of some the losses she had faced in Afghanistan and after leaving. Loss was probably the most common theme and was woven into every part of the lives of the participants. I noted four sub-themes: material/financial, relationships, country/culture, and self-esteem/self-respect.

Material/financial loss. All the participants lost homes, jobs, income, and possessions for various reasons. Zoe and Shelley spoke a great deal about the losses that resulted from leaving Afghanistan to go to Pakistan. They had to leave their family homes which were then taken over by mujahidin or Taliban. In fact, many families who left their homes returned to find them being lived in by other people. The returning refugees had no documentation that the homes belonged to them, thus they had no way to prove their ownership legally. Since the

government was in shambles legal matters were often decided based on which party had the means to bribe authorities. Gun fights and bombing also caused loss of homes and possessions. Zoe's home was bombed by Taliban because she was a teacher. Going to Pakistan meant leaving jobs and incomes, not knowing how they would be able to live. Coming to the US also entailed loss of material possessions, homes, jobs, and financial stability. The women could only manage to bring a few possessions such as clothes and maybe some personal items but most of it had to be left behind.

Zoe said:

Yeah, I left everything... we left everything behind when we left Afghanistan.

Yeah, I had lost my job - We left everything – our job, our house. I was a teacher.

I had a house, and, um, I lost everything. I lost my home and we just left

Afghanistan and we migrate to Pakistan.

You know, the police... no... I mean these people who were fighting [mujahidin], they came and took our house and turned into a check point for themselves, we were kicked out and we became refugees.

Shelley related her experience:

Here [Afghanistan] I had my own house, a car, garden, and a job. I was a teacher, but when I was looking back I would see war and I was tired of war, I couldn't live in the war any more.

These were problems, this time too many people died on the road. I took my two bags in my hands and my three kids with me, one is one month old, the other is five and the other one is three years old. Nothing went with me, and then I went to Pakistan.

Anna said, “But I left everything behind, we had a very good life back home.” Then she spoke about her husband:

And then my husband did his best to get his driving license and found an old car.

He bought it and he was working at K-Mart at that time. He had two jobs, he was working at K-mart and that's how we lived our life.

Relationships. The family is a very important part of Afghan life. All the women came from large nuclear families with large extended families. Families often lived in the same neighborhoods and sometimes in the same homes. Families celebrated holidays and events together like weddings, birthdays, and happy occasions and were also a support in difficult times. Neighbors, friends, and co-workers made up other important relationships. Death or leaving the country were the two main reasons for loss of relationships.

Zoe mentioned early in the interview about the brothers who were killed, “While I was in Pakistan, I lost two of my brothers. They got killed. And I didn’t see them. I don’t know who killed them and what happened.” But throughout the interview she mentioned the loss of her brothers and that her one brother’s five children had been orphaned:

Losing my brother, uh, my brothers, it was very hard – painful for me. It was like losing one part of my body. I love to write a book about that, about my life, uh, about how much pain I had and about my brother that I don’t know who killed them, and how, what happened to them.

It wasn’t only my brother, people from Kabul, they were under, you know, attack, too, and they got killed. And my brother was so nice, my both brothers. And they didn’t have any enemy. And, uh, I, just uh, I’m really sad about losing them. ... when I left Afghanistan I lost my brothers and I don’t know who killed them. Our

houses got destroyed, our brother got killed, and I didn't see, you know, I didn't see them, how they died or how they buried them. And because I had my, I had the little kids [brother's children] I couldn't go back to Afghanistan, and uh, I didn't see them, how they died, how they buried them. and my mother raise all those 5 children. And now they all got married, and but still I can't forget about death of my brothers. My brothers, they were innocent, they didn't have any enemies. They had no reason that they got killed, and I really suffer a lot of losing my brothers, and I don't forget that.

Then Zoe spoke about the separation from other family:

Here [the US] I am alone and that bothers me. Um, I love my family and I don't forget about my brother – my brother had five children. And I can't forget my brother, my family. My mother is old. I love my mother.

In Shelley's interview she spoke of seeing death first hand and the relief of seeing her children alive after a bombing:

I... I have a bad experience that I was in the school one day and bombs started exploding, then I went home by foot over the mountains and my feet were badly hurt. I was very worried about my children, I wanted to pick them up from daycare and go home as soon as possible. As I got home and picked up my kids' ID cards, I ran fast and went to daycare and as I was getting close a bomb exploded near the daycare and I was covered in dust and dirt. After this when I went and saw my children were OK, I picked them up and I felt like I had been granted a new life, I rushed them home as fast as I could.

We sat in a quiet area and as the night passed, I slept with my children in a room and the next morning there was a very loud explosion right next to our house shattering all the glass and causing havoc. My children were crying, I was also... all neighbors came together as we didn't know whose house was hit. And I saw that two poor kids were hit on the road, a couple of people were hit in their homes. I went to my neighbor's house, the three children were crying and the young mother was lying dead in front of them. I don't think I can ever forget the face of the dead woman and her children, and I have similar bad memories that I cannot get out of my head.

Another heart-wrenching statement Shelley made, "One day [indiscernible], three Afghan students, not one student... one dies and they don't understand how people have died. And then the whole area had the smell of blood."

In Mary's situation she expressed not only her sorrow but also her in-laws' at losing their son:

What will happen to my children and my in-law parents were also sad that their son went away. And then when we were leaving, my in-law parents were very sad that their son and now his wife and family are leaving, we were also very sad. I was pregnant and I did not understand anything, I did not have anyone from my own family or my in laws to help

Anna's grief at separation from family and her home was so deep that she even contemplated returning to Afghanistan:

I told him [husband] you are in this condition [working at a menial job] because of me, I insisted that you should come here because I had thought America was so

great. It appeared like something else, it appeared a place where we would get help and live comfortably, I told my husband I am the reason that you suffer now. I told him we should return and I swore to him that if he wanted to go back that day I would be ready to go back.

I even called my mother and told her not to sell my television and other stuff as I will be coming back. My mother told me that I should have patience, and said other people are trying to go there illegally and lots of young people perished on the way. She told me you went there by airplane and why would you return. She said other people envy you and say she went to America and lives a comfortable life. Now you are telling me that you want to return. I told my mother that I wanted to return as we were in bad shape here.

Hannah talked about death of family and friends and her separation from them by leaving Afghanistan:

Yes, I get sad when I think about it. My husband doesn't understand. He says I should just forget about it. But I can't. I am still sad. So many people were killed. I lost so many friends and neighbors. I was so sad. I still get sad when I think about that time.

But when I had to leave [Afghanistan] I cried. I didn't want to leave my sister, or my brothers, or parents. I was really sad about leaving them. It was so hard to say good bye to my sister. I miss her a lot. Before I left if I had dreamed about being away from my sister I would have had a heart attack.

Country and Culture

Refugees often leave their native country with the awareness they may never return. If they do return, usually it is after decades of being gone. By then many family members and friends have died and neighborhoods destroyed. The home they left is gone forever. Moreover, refugees leave behind the familiarity of their culture to live in a country where maintaining their culture may be difficult. Their culture may be misunderstood, and religious values ignored, or worse, used as a justification for prejudice and oppression.

Zoe had this to say about leaving Afghanistan:

A person who loses their home, their child... one's country is like their mother, I still love my country. Afghanistan is always in my mind, even during nights that I am about fall asleep, it is my country that I love, because I was born there, I have touched the soil and drank the water there. When someone leaves their home, their life... I was born there, I was raised there, my mother is there, my father is there.

Shelley expressed her grief about leaving Afghanistan:

I felt bad as I was leaving my own country for another country. I felt that I am leaving my own country and becoming an immigrant in another country. And that was my experience, I was leaving my own country and starting a new life in a foreign country...

Pakistanis in general are not good to Afghan people. Sometimes they talk back, they say you are not good people, you left your country, why did you do that?

They say about us that we are not good people.

Mary cried as she spoke of leaving her large family to go to the US. “At the beginning life was very sad for me here, I couldn't understand the language and didn't know where to go.” She and her husband will likely never be able to return since he was targeted by Taliban for his connection with the US. [Sobbing] “we lived in the shelter, we had no friends and couldn't go to anyone's house and nobody could visit us.”

Anna faced particularly troubling circumstances in the US. She and her husband were renting an apartment in another Afghan man's townhouse. He had gone Afghanistan to celebrate Eid and while he was gone notified Anna and her husband they needed to vacate the apartment within just a few days because he had family members coming to the US to live. They were not able to find an apartment they could afford so had to move into a shelter. Sobbing, Anna related her experience in the shelter:

Someone told him to call the shelter, and we called there. We stayed at a shelter called [...] [...] Family Shelter. We packed and went there very quickly because we were given a notice to leave the property within two days. And we went to the shelter, and we stayed in a room there. They gave us one room, the bathroom was in the hallway and it was shared with all the people. We are Muslims, and our faith doesn't allow that we should share bathrooms with other men, I would go there too. It was a very bad feeling as to why I am here.

But we were forced to be there, there were cockroaches in my room. Regardless of how much I cleaned the room, the cockroaches would roam and even get over my daughter's pacifier. My daughter was about five or six months old when we lived in the shelter. We lived in that room for over two months and my daughter was six months old. I was very sad there. We had a case worker at the shelter that

did not help us whatsoever. They would interview us every week. They would not help us, we were requesting for a place to live even if it was just one bedroom so that we could leave that place. I said I am sad, I am pregnant. I felt like eating a lot of things but since I only eat *halal* [clean food], I couldn't find those things. People would get together in the cafeteria every day to eat, there was a lot of food. Chicken, meat, beef, but we wouldn't eat those things every day. I would eat only boiled chickpeas or green beans. We were eating only boiled green beans and on the other hand I was pregnant. Because I couldn't find *halal* meat, so we were forced to eat that despite the fact that I was really craving for meat.

Self-esteem/Self-respect

Losing a measure of self-esteem (SE) and self-respect (SR) was also part of the refugee experience. Leaving their country, working at jobs of a lesser status, not working at all, not knowing the language, not having an adequate living place, and/or not being educated were all reported by the participants as factors affecting self-esteem and self-respect.

Zoe's SE/SR seemed especially keen and was related to her life in Pakistan and her unemployed status in the US. She told us, "I had respect and dignity there [Afghanistan], but when we came to Pakistan we became nothing. We were nothing...Afghanistan experienced a genocide, we lost our homes and our lives."

Zoe spoke of herself in the US:

I felt like a useless woman, like a piece of trash sitting in a corner at home. I used to be a teacher, now I feel like illiterate, language is a big problem for me, my education means nothing... I worked so hard and wasted my brain now I am dependent on someone else to take me to a doctor... there was no course that I

didn't pursue, but the stress of losing my brothers and my family affected my memory. I have lost my memory, I have lost everything. Now I am dependent on someone else to take me to a doctor... Now I am living in a corner in my home in America.

But I feel like trash, believe me many days... God has given me this pride that I never ask other people for money because I have always earned my own living but this is my pride as I don't even ask my husband for money But having your own income is different, fifty dollars of your own is better than one thousand dollars that someone else has... that is my opinion.

In Shelley's case her refugee status in Pakistan seemed to be the source of lower SE/SR. She commented, "I felt bad as I was leaving my own country for another country. I felt that I am leaving my own country and becoming an immigrant in another country." Later she said, "... Pakistanis in general are not good to Afghan people. Sometimes they talk back, they say you are not good people, you left your country, why did you do that? They say about us that we are not good people." Another of Shelley's comments:

...a lot of time in Pakistan I talked to people. I asked them why do you not talk to me... I am a woman, you are a woman. I work and you work, you are not better than me and I am not better than you.

Mary was unable to attend school in Afghanistan and cannot read or write Pashto. So, she feels ashamed at her lack of English and said, "... imagine a woman coming from Afghanistan to America... [Sobbing], I did not understand the language and didn't know their education..." "At the beginning life was very sad for me here, I couldn't understand the language and didn't know

where to go.” “I was pregnant and I did not understand anything, I did not have anyone from my own family or my in laws to help.”

For Anna, the squalid living conditions were distressing, and she commented, “But we were forced to be there, there were cockroaches in my room. Regardless of how much I cleaned the room, the cockroaches would roam and even get over my daughter's pacifier.” After she and her husband were able to afford a basement apartment and moved in, Anna’s SE/SR were affected by the behavior of the case worker:

The case worker from the shelter came there for one day, he stood there and I offered him to sit down. We had an old sofa... we had a neighbor who was living in a basement... he went back to the shelter. His caseworker had given him that old sofa when they had arrived here and they gave that to us. I had placed that sofa in my living room, the case worker came from the shelter. He came from [...] [...] Family Shelter and when he came here he stood there and told me that he was happy that I found this place, he said he liked it.

I told myself what if this was your own child and you had to care for her? Would you even live in this house? Would you live in this basement? Now you are telling me you are happy. I even asked my case worker to sit down, sit on the sofa... he didn't feel like sitting on it as it was an old sofa. Maybe he didn't like it, he stood there for a bit and looked around, and he had brought an old bed for my daughter. He brought an old bed for my little girl, I put it there. He also brought me a jacket and then left. He didn't even feel like sitting on that sofa for a minute, but he told me he was happy for me to be in this basement, to have left the shelter for this basement.

Hannah's lack of SE/SR are tied to her lack of education:

I didn't get to finish school and I know I sound funny when I talk. Even when I'm with a group of Afghans I feel different inside, like I don't really belong. People tell me to get education and get a degree. But I haven't. So sometimes I feel like I am nothing.

Theme 4: Movies in My Mind

The traumatic events that are part of the refugee experience – witnessing violence such as war, loss of loved ones, and the resettlement in a foreign country are not easily forgotten. Shelley was the first participant to report this theme of “movies in my mind.” When I asked how talking about her experience in Afghanistan during the war made her feel her statement was:

I am so upset, sometimes it looks like a movie coming into my mind. I am asking oh where she is. Oh what happened to my close family? Her son was young, what happened, now the mom is here or the brother is here. I go and visit some family...So it plays over and over again. Yes, it is hard to get rid of.

Zoe cannot stop thinking about her brothers' deaths and the fact that she did not see their bodies or know how they were killed. She could not even attend their funeral because she was in Pakistan. These memories are what she says has negatively affected her ability to learn English, to learn to drive, and to use her teacher education in the US.

Mary did not express any memories that were like movies in her mind. However, after Mary finished talking about her refugee experience she began sobbing uncontrollably, as though the memories are never far from the surface. Her interview ended with the words, “I do not have anything else to share, I have told you everything about my life here.” During the interview

follow up by phone Sam (husband) told me that talking about these experiences is distressing for Mary.

Anna said she had been sad since the day she entered the US. Living in the shelter and the basement apartment intensified that sadness. She expressed being easily upset and crying. Anna's husband allowed her to return to Afghanistan to visit her family for three months. She was overjoyed to be with them but upon her return she said the same sadness once again engulfed her:

Finally, we [Anna and her two children] arrived Kabul. They [family] came to the airport to welcome us. My mother came, my father, my maternal uncles, my paternal uncles, they all came to welcome us. They received us so much. They got so happy, so did I. I stayed there for three months. I enjoyed so much and thought I have changed a lot, getting calm and relax..... I was with my parents.....I was seeing my in laws...

I was there for Ramadan and came back after Eid. When I got back, I had the same feeling that I had had very first days that I entered here. It was so hard first. I was remembering my mother that I'm here and they are there, I was wishing they were with me.

Later Anna said:

But my mind is not at peace, even today my mind is not comfortable and feels troubled. Because I feel very lonely here. My whole family is in Kabul, I am here and my heart and mind are both with my family.

Likewise, Hannah reported memories that keep returning to her mind:

Yes, I get sad when I think about it [the bombing in which she was one of the victims]. My husband doesn't understand. He says I should just forget about it.

But I can't. I am still sad. So many people were killed. I lost so many friends and neighbors. I was so sad. I still get sad when I think about that time. My feet and legs have scars. But I lived when so many others died.

Theme 5: Strong and Resourceful Women

Although Afghan women are usually depicted as victims of abuse and wives whose worth is determined by the number of children she bears and her housekeeping skills, women are highly valued in Afghanistan. They are the center of the home and the center of the society. The interviews revealed the same sentiments among the participants, whether living in Afghanistan or America.

Zoe spoke lovingly of her mother, "My mother's so old, uh, but she's a strong woman. She was in war, my mother's a hero. My mother is a fighter, and my mother raise all those five children [grandchildren]." She also claimed, "My mother is a champion, she struggled... she raised five children, she has suffered a lot but she is still a champion. With God's blessings all of us [Zoe and her siblings] got married, but my brothers' loss is still painful..." Another tribute to Zoe's mother was this:

My mother is a very bright woman... she made sure one of my sisters finish a nursing degree and the other four sisters became teachers. At that time she would do all the house chores and made us study... we all got educated, one of my brothers became a doctor, the other studied construction... and even today she is promoting education among her grandchildren. They all want to come out of the

country... I said it is hard you know... My mom is a well-educated... she likes them to become educated, I became a teacher, one became a doctor, the mom wants all of them to become educated, now she wants the nephews to have the same opportunities... My mother works so hard for us and four of my sisters, we all became teachers, and my brothers, they became engineers.

Further, Zoe described the situation in Afghanistan regarding women by saying, “My kids are good but in Afghanistan it’s different. Kids help their mother. They open the door for them. They help them, like when mom wants to pray, they bring all the uh, prayer rugs and help her.”

She continued her discourse about women:

In Afghanistan husband used to work and wife used to stay home but she had respect because husband support everybody. They have respect for women in Afghanistan but not in the village in Kabul women have more respect. Uh, in village they, you know, cut woman’s nose, they burn them, but in Kabul, in city, they have more respect for woman because people from Kabul, they’re educated and um, here my husband and my kids, they respect me, and for everything they want to do in their life they ask my opinion...Here we use the same culture that we have in Afghanistan. The kids ask my permission if they want to do something, and they have respect for woman.

Afghan man, they like their wife...All my family, they have story. Uh, woman – Afghani women, they’re raised strong and uh, they do anything for their children. They accept any problem, they fight with any problem for their children. They love their children, their husband but in village, there is abuse going on, but the

men abuse their woman but in Kabul, people in the city, people respect woman.

My husband loves me lots... We marry 30 years... If I have money I go

Afghanistan. In Kabul I gather all the woman and I tell them the truth. I tell them that what they are hearing is not the truth.

Zoe described her role in the family by saying, "My husband tells my kids that your mother is so strong and from America she's controlling the kids in Afghanistan." She continued describing how she manages her children:

When I go to bed... I have total control... everyone goes to bed... I go and visit my kids three or four times to make sure my kids are not using the iPhones, iPads and they don't talk to some stranger. Controlling the kids is a hard thing... when I get upset, I take those things from them... I tell them you have to get to work the next day and they should sleep, it is not that I don't trust them, but I want to make sure that the mother controls them. They call me AI, they say our mom is awake like AI at night and constantly checks on us... she sleeps during the day. They need their sleep and they need to go work... and they say that mom doesn't sleep at night and in the morning when everyone leaves then she sleeps.

As far as women's rights, Zoe is quite liberal compared to many Afghans, men and women. She emphasized that women have brains just like men and can think just as well as men. They should not sit back and allow their husbands to control them but fight for their rights. She teaches her daughters the same thing. She commented:

You respect your husband, you wash their clothes, you make them food, but you don't let them take your freedom, uh, because God created both of us, and he has no right to take, man doesn't have a right to take our freedom. Like when you ask

me to come here and tell my story I choose to come. Nobody forced me and even God didn't tell me go but I thought and with my brain, you know, I decided I want to come here and tell you guys my story...I told my husband but I didn't wait for him to give me permission and I just came. something you have to talk to each other, but you can't just tell each other what to do, what not to do...there is an expression in Afghanistan that says that woman move the crib like, uh, they move the crib with one hand and they move the world with the other hand.

While in Afghanistan during conflict Shelley talked about the role of women:

It was hard for men, but it was harder for women because they were stuck between the walls with their children all day long. I was in that state too, from one o'clock we would have hid in a basement or some hallway hoping that no bomb or missiles would kill us or our kids. That's how we would spend our days, in our homes and backyards. Missiles would hit our area, from internal fighting as well as by foreigners. They would drop bombs there...

I have a bad experience that I was in the school one day and bombs started exploding, then I went home by foot over the mountains and my feet were badly hurt. I was very worried about my children, I wanted to pick them up from daycare and go home as soon as possible. As I got home and picked up my kids' ID cards, I ran fast and went to daycare and as I was getting close a bomb exploded near the daycare and I was covered in dust and dirt. After this when I went and saw my children were OK, I picked them up and I felt like I had been granted a new life, I rushed them home as fast as I could.

Each woman spoke of the role of raising her children in a safe environment, ensuring their education, and/or keeping them from making mistakes. In fact, all the women but Hannah, whose children were born in the US, had this burning question as refugees, whether in Pakistan or the US, “How will I raise my children?” They want their children to grow up without fear and to have opportunities they would not have in Afghanistan. Like Anna’s statement illustrates:

We grew up in war and problems, I want better future for my children, I want them be mentally comfortable. So they can study and when they are not stressed, they will not have any fear. I will not be scared that my children will face the danger of suicide attacks.

Hannah told of her mother’s efforts to provide as good a home life as possible in Afghanistan:

Another time I remember was when my mother made us rice pudding – as a special dessert. After we ate my mother washed the dishes and then we were going to eat the rice pudding. My sister wanted to have a light. We didn’t have electricity – we had like an oil lamp. But we couldn’t use the lamps at night because the Russians could see it and then they could bomb us. My mother told her “you can’t use the lamp” but my sister said “yes we are. We’re going to have a special treat and have the light on.” So we had to cover the window with plastic – we didn’t have glass. And then we had to stuff something in the window, like a pillow so the light wouldn’t shine out. When we put the pillow in the window a bomb came flying straight through the house. We were so scared. No one was hurt. But we sat up all night in the hallway. We didn’t eat the rice pudding. And it was cold, we didn’t have blankets.

Theme 6: Coping - How Will I Live This Life?

Five sub-themes appeared to be prominent as ways of coping: happiness of children and husband; family support; faith in God; the security of America; and the desire to help others. These coping methods interrelated. For example, part of the women's happiness was knowing that their husbands had jobs and their children were safe. Another example was the belief in God's care for them in this new country to provide safety, income, and homes which would in turn bring happiness.

Happiness of children and husband. Zoe related her happiness:

my children have access to everything and I am thankful for that... my children have found their way out, they eat well, they dress well... there is opportunity for anyone willing to work hard here...but my kids they're good, they're doing very good and they live under American flag and I'm so happy for them...They found their way in America, they are all busy with their work, they learnt the language and have put in a lot of effort. My children are all very hard working, they can find their way, I am thankful that they do not have any problems, they came to America and they are away from wars, they are living in peace.

Mary shared her thoughts about happiness like this:

I was happy that my husband is happy and well there [US], he didn't have any problems...I am glad that my children and my husband are safe and healthy, I am also safe... my children are getting education and my husband has a life. If they are happy then I am happy too... I just want my husband and my children's life and happiness...

Anna's comments about happiness:

America has that advantage. Security is much better here, one can get out of the house regardless of whether it is day or night. Our children can safely go outside with me and there is no fear or worries. I go outside in peace...still one should understand that the security is much better here and we can travel around safely. This country is much safer, we can go outside, my kids can study without any worries, and they can go to school without fear.

Family support. The support of family, both in Afghanistan and the US helped the refugees to cope with the experience. Loneliness, especially for refugee women, is common because they are less likely to drive, learn English, or work. Each of those accomplishments hinges on the others. The participants indicated how much family support had helped them adjust to life in the US.

Zoe remarked, "My oldest son is a good boy, he takes me outside every week, he talks to me in private when we are out." She also feels "...happy and thankful that my kids support me here. Compared to other people's children, I am very lucky." The kids told me, "Mom, if you need, um, if we go to store, if you need anything buy it but I don't ask for help. My husband is a nice man, he's a kind man."

More appreciation for family support was this comment from Zoe:

My oldest son is also my brother, my sister and my family. He knows what is in my heart, he comes home and asks me if I have cried... my husband is my companion and keeper, I am very happy with him and love him a lot. I love him a lot... he respects me...I love my husband because he loves me and respects me.

Shelley said, "...is that all of my family are here, my sisters and mother and entire family is here and I am happy to meet my family here... this is the reason." "I was living here, my family helped me a lot, taught me driving. Anyway, it was nice to have family, I see them a lot..." "Family... these are the best for my kids... they have more family here."

Hannah told me, "My mother and my husband both tell me not to think about the past but it's hard. My husband is my best friend. I couldn't ask for a better husband." More about family was this:

Yes, but my husband and my children are filling those holes. My sister and brother who are in Afghanistan – we talk every day. We don't talk about the war or negative things. We talk about the good things we have now.

At one point Anna called her mother in Afghanistan and said she wanted to return. But:

My mother encouraged me to stay here and said "everybody is going there, they go legally, the bodies of young boys are lost on the way, you got there by airplane easily, with no stress. Why are you going to come back? What's here to get back for? Everybody is saying good for you that you went to America and you are not in this hardship and difficulties any more.

Anna acknowledges, "But I have a good life in America. My husband is a good man and I have two children. I'm happy here."

Faith in God. When asked about any spiritual meaning the refugee experience had for her, Zoe said, "We had a very liberal life, God took it from me... I am not sure what did I do wrong. I don't know what I did wrong, because I had freedom and good life back home." But after I questioned whether she truly believed God had taken everything she replied, "God did not

take it, the people took it from us... nothing happens without the will of God, but people's minds were washed. The people with wrong beliefs took our freedom.”

Later Zoe said:

I asked God to make a better future for my children... When we got home [their home in the US}, we realized that they had provided for everything, they helped us for six months. It worked for my kids, I think my children really benefited from this and I thank God for it.

Mary talked about her faith:

I was looking at my kids and asking God how I am going to live this life...And then slowly we were able to find our way, now my husband has a job with the blessings of God and my children attend school. God is helping us to make a living, we are comfortable here.

Anna had this to say about God:

God helped me, and I grew out of that mental situation that I was in. I trust in God, I will try and will give myself energy and effort to study and work step by step. God makes everything easy. God is kind. We should fight the problems to make our future. That's the way that our future happened to be.

Along with family support, Hannah finds comfort in “... listen[ing] to a CD called the Law of Attraction and...read[ing] the Quran. That helps me clean my mind of memories and calms me down. And when I'm alone I like to be quiet – no music or anything.”

Security of America. Zoe's comment was, “I have peace living in America even they don't help us. For six months they help us but they don't help us any more but I have peace here and, uh, I don't forget.

Shelley expressed her thankfulness about security, "...and this is one reason, safety... safety for my children and me I want my kids to have better lives. Because I live for my kids... I want them to be safe..."

Likewise, Mary said, "America is better for us because my husband is safe here and he is not experiencing any issues and I am happy because of that."

Anna made this comment:

Just, America is good for the security is much better here. You can easily go out in the day or night. When I go somewhere and I have my kids with me, I don't have any concern or fear. I easily go and come back with no worries...it's much safer here and we can easily go everywhere we want. It's a very big thing that in one country security situation is better and people could easily go out, your children could study with a peaceful mind, they could go to school in peace

Desire to help others. Zoe mentioned several times about wanting to return to Afghanistan and build an orphanage:

May God help me to make enough money to go back home and open an orphanage there because I want my brother's memory to live on as he was very young and he left behind very young kids. I want to help raise these orphans, that may help me deal with the pain of losing my brothers and seeing his orphans.

Another comment from Zoe, "I asked God to make a better future for my children... I asked him to bring peace to my country so that I can go back and provide a service to my people."

Zoe talked about her son wanting to help in Afghanistan:

For example, my oldest son says that if he becomes a doctor he will go back home and work for two to three months and I say I will go there and create an orphanage if I have the money or if I win the lottery. And that is what I want from God, I am thankful to God... one should never be ungrateful... I wish health for my children and that they reach their goals and ambitions

And I have lost hope for myself, I just want my children to reach their goals. I hope I can get some money to open an orphanage and I am also hoping to learn enough English to serve people here so that my children can live peacefully, I want to serve America too because I want people to have comfort. I want to allocate half of my life here to help.

I was praying... when I was praying I was talking to God and I was telling God that whatever happened was in your control... nothing happened without your will... my wish is to go back and open an orphanage there

Zoe also expressed interest in helping in the US:

Since I am living under the American flag, I am happy to serve in any way possible. Because I live in America, I live in comfort, eat well... whether they offer help or not, that is a different story. I like to serve here too... Even if I am here... I have a peaceful life, although I don't have an income I am willing to serve because regardless of where you are, when you feed there then you should play your part. I always tell my children... my children know better than I do. We have fed here and we will not forget that, we live here now and my children...

Both Zoe and Hannah try to send money and gifts from time to time to family in Afghanistan. Zoe has 52 nieces and nephews in Afghanistan whom she encourages to study and

do well, so they have a greater chance of coming to America. She has a great longing to help the younger generation succeed rather than make choices that lead them “down the wrong path.”

Hannah “...was happy to go see my family after seven years. I took things from the US with me to help them. I also try to send things from here.”

Theme 7: Afghanistan: Past Sorrows and Future Fears

The length of time since the participants left Afghanistan varies widely. Zoe left in 1980 for Pakistan and then came to the US in 2008, so she has been gone a total of 38 years. She is a US citizen, yet she still cherishes her Afghan heritage. She said, “I’m happy that I am an Afghani woman and I’m a Muslim.” Anna has been in the US the least amount of time, between two to three years. They all talked about the sorrows of the past for their country and the fears they have for its future. Some of the sorrows and fears are about their family and friends still in Afghanistan.

Zoe shared her feelings about the overall changes in Afghanistan as negative. She remembers the liberties everyone had. The government encouraged people to celebrate holidays. People dressed in Western style clothing. Then the wars with Russia and among the mujahidin destroyed so much of the country and the capital city, Kabul. When the Taliban rose to power more liberties were taken away. Women had to wear the *chaderi* (the long one piece covering for the entire body), schools were closed, and people were afraid. Shelley is about the same age as Zoe and remembers many of the same events. All the participants experienced war, loss, fear, and insecurities which have caused not only personal sorrows but also sorrow for their country. They all fear for the safety of loves ones in the country and the stability of Afghanistan as a country. Hannah, Zoe, and Shelly remarked about the rich becoming richer and the poor becoming poorer, and jealousy intensifying among the Afghan people.

Zoe had this to say about Afghanistan:

Now it has changed a lot... it is a different country. I feel sad when I have gone to Afghanistan and seen everything that has been destroyed.

When I went to Afghanistan, I couldn't recognize the cities. My city was like an American city and it was properly planned and developed. When I went back to Afghanistan the rich people are building high rise buildings and poor people have lost their houses...the rich people have big house and poor have houses... it is different now

Changes are a lot, other countries move forward... but I am not sure what happened but Afghanistan is going backwards and one cannot say anything about it.

Shelley talked about the terrible situations in Pakistan such as prostitution, kidnappings, parents selling children, and drugs. She said, "...and now it started in Afghanistan also. In my language they say *fahsha* [vulgar], the men, the boys, the small kids... one is kidnapped..."

Anna spoke of her anxiety:

My mind is anxious. So far, up to now, my mind is busy and anxious. That's because I'm the only one of my family here. All my family members are there in Kabul. I'm here but my heart, my mind, my thought, all are there in Kabul with my family that maybe God not willing they go out of their house today and a terrorist action happens to my brother or my sister or my father or my mother or my uncle. This thought is every day with me.

I try so hard to be strong but again the news that I hear from Kabul, from Afghanistan makes me weak. When I get the news that a suicide attack or a

terrorist action took place, I get worried and call Kabul and ask my mother if everyone's good, she says that no worries and everything is OK again I calm down. But again, I'm anxious, oh God, what's going on?

Hannah's answer to the question of where people went to be safe from bombs was this:

Not shelters – but we went to old homes that had been abandoned. We welcomed each other because that's all we had – each other. We didn't have jealousy when we were growing up in Afghanistan. Everyone was poor and we were trying to survive. Now there's a lot of jealousy in Afghanistan.

It's painful when I think about it [life in Afghanistan] now. At the time it was normal. In Afghanistan the rich people just get richer. The poor people are getting poorer.

People are still suffering there [Afghanistan] and kids are still crying for food.

When I first found out I was pregnant the doctor told me not to drink black tea because of the caffeine – it's hard on the baby. When I told my husband what the doctor said I said to my husband “Just think of the babies in Afghanistan. They're given black tea with lots of sugar from the time they're very small. And it's so sad.”

Hannah also talked about the difficulty the Afghan people have finding jobs unless they either know or bribe someone:

People don't have jobs [in Afghanistan]. You have to bribe someone to get a job.

Some men have to become thieves in order to support their family. My sister is graduating soon to be a teacher and she will have to bribe someone to get job so she might not be able to work as a teacher.

Findings Related to Intersectionality Feminist Theory

In this section I will compare the findings of the research question “what is the lived experience of Afghan women refugees in the Southeastern US?” with the intersectionality feminist theory I used as the conceptual framework for the study. To refresh the reader’s memory this feminist theory posits that several identifiers (characteristics or situations) intersect to increase the likelihood of oppression and marginalization for women of color and other minority populations. The identifiers for the Afghan women refugees are refugee status, language, gender, minority status, religion, and ethnicity.

Refugee Status

All but one of the participants came to the US as refugees. Although Hannah came to be married, she was essentially sent to the US by parents who had arranged for the marriage. They did so because Hannah was living in the same situation as the other refugees were, and Hannah’s parents wanted her to leave Afghanistan to have a better life in the US.

Refugee status places people in a vulnerable position, as has been indicated by numerous resources including refugee organizations and scholarly literature. Refugees do have temporary citizenship along with the same rights and privileges of citizens (US Citizen and Immigration Services [USCIS], 2015). However, refugee documentation required by the federal government to maintain legal status is overwhelming. Specific documents apply to specific situations and they must be filed correctly and on time or immigrant status may be lost. Language barriers, misunderstanding of the laws, lack of transportation to appropriate facilities, and the length of time for document processing are all factors which can cause the immigration status to expire. Additionally, the political environment regarding immigrants and refugees in the US does negatively affect the overall public opinion.

Zoe, Shelley, Anna, and Mary talked about waiting for their visas. Shelley's husband was waiting for two years after she left to obtain his visa to the US. He was living in Pakistan at the time and the Pakistani government has not been especially good to the Afghan refugees. Mary's husband received asylee status, meaning he entered the US on a visitor visa and then applied for refugee status. He had to work and save money for two years before he was able to bring his family to the US. Uncertainty about receiving a visa is always a burden because of the multitude of legalities regarding the entry of foreigners to the US. More stringent vetting has been promoted by President Trump and other politicians, which will make the process more complicated and increase the wait times for visas.

Language

The other identifiers hinge directly to the refugee/immigrant status. The language barrier was discussed by all participants. Zoe wants to learn English but said she is unable to because of the emotional trauma she has experienced. Shelley and Anna have taken English classes but remarked about the length of time before they feel able to communicate adequately. Mary has learned some English, but she never went to school in Afghanistan and is unable to read and write in her native language. Hannah has a good command of English, but she still has some problems knowing the correct word or understanding what is being said. Finally, all the women live in homes and/or communities where they are surrounded by other Afghans who speak the language. Hence, they tend to speak Dari or Pashto more than English, which does not reinforce learning English. Hannah married a man who has lived in the US for many years and is fluent in English, so they generally speak English at home.

Gender, Minority Status, and Ethnicity

Gender is still a global problem for women. They are often recipients of violence, unfair laws, and limited educational and employment opportunities. Women make up the largest percentage of people living in poverty. Although the US is generally fairer and more just for women than developing countries, it is still lacking in gender equality. Refugee women are more vulnerable because of the intersection of gender, minority status, and ethnicity.

Although the US remains a top resettlement country for Afghan refugees, they make up a small percentage of the US population. In some areas of the US, large communities of Afghan refugees have settled such as Virginia, California, and New Jersey. Overall the Afghans are a minority of the population – approximately 2.7% (Migration Policy Institute, 2018).

Afghans are Caucasian; however, their appearance is noticeably different, especially if the women dress in traditional Afghan clothing and/or cover their heads. If the women are in public and speaking their native language they will assuredly be recognized as non-native born and thus a minority. As I have mentioned several times, people who appear in any way to be from the “Middle East” or Muslim are often viewed suspiciously by Americans and may be treated with disrespect or hostility.

None of the women reported any personal experience with mistreatment by a native-born US citizen. However, certain aspects of their individual lives may prevent mistreatment. Zoe, Anna, Shelley, and Mary are, for the most part, at-home mothers and wives. Anna and Shelley drive but the others all depend on family or friends for transportation. Thus, their exposure to the public is limited. Hannah drives and works outside the home, but her appearance is much like that of American women in general. Her accent would be an indicator that she is not originally

from the US. Additionally, Hannah lives in an area which would have a multitude of foreigners, so she would not necessarily stand out.

Religion

The one participant who had the most concerns about religious issues was Anna. She and her husband lived in a shelter in the US. During those months she had to use bathroom facilities that were shared with non-related men. Furthermore, the dietary restrictions associated with Islam prevented her from eating healthy meals at an especially vulnerable time – pregnancy. Meat, to be considered *halal* (clean), is supposed to be slaughtered in a specific way. Meat of any kind from hogs is considered unclean, so food cooked with ham, pork, sausage, or pork fat would also be unclean. I do not know if this was the case in Anna's situation, but it could also have limited her intake of food. Mary lived in a shelter initially when she arrived in the US, but she did not discuss anything about the shelter conditions. I could make an educated guess that she faced similar problems because Mary and Anna live in the same metropolitan area.

All the women live close to a mosque so attending would not be a problem, nor would their prayer times. One possible problem would be that the mosque becomes a target for a bombing or other violent act at a time when many people are there. Nancy Coleman (CNN, 2017) stated a total of 63 incidents at mosques in the US had been reported from January to July 2017. These incidents included arson and vandalism as well as threats.

Other Identifiers

Except for language, the identifiers I used for the Afghan women did not seem to be as detrimental to their well-being as I had thought. However, I did not have as much data as I would have liked about their perception of vulnerability in the US. I did note other identifiers such as social isolation, medical errors, and financial problems.

Each woman had some degree of social isolation which compounded her anxieties and depression. Hannah seemed to be the least affected probably because her husband has lived in the US for years and is a citizen. Furthermore, Hannah drives and works outside the home, so she is less likely to feel isolated. Her only mention of anything in that regard was when she was with other Afghans she felt like she did not belong.

Zoe does not drive, and her children and husband are gone most of the day with school and work. She said she was not able to get to a doctor's appointment because her family was too busy. She mentioned feeling discarded in a corner because she does not work outside the home and earn her own income.

Mary is at home with her two youngest children during the day and her husband works three jobs. So, she has social isolation issues. Anna has two small children, whom she cannot leave, unless her husband is able to watch them. He has been working and attending classes leaving her alone much of the time. Shelley has many family members in the area who can take her places and they include her in family events. She did not mention feeling isolated.

Medical errors are more prevalent with non-English speaking patients because of the language barrier (Divi, Koss, Schmaltz, & Loeb, 2007). In Anna's case she received epidural anesthesia which negatively impacted her baby and resulted in emergency C-section. She had asked repeatedly about side effects and was told there were none. Since I was not present I do not know if the language barrier was the only reason for the misunderstanding or if the medical professionals were not as helpful as they could have been. Negative feelings about providing care for immigrants and refugees does exist among healthcare professionals. Additionally, Anna's discharge process from the hospital seemed highly unusual – leaving at midnight with a new baby and riding in a taxi. Anna said she thought medical care in America would be the best

but that was not what she experienced. In fact, she felt she would have received better care in Kabul.

Although four of the women came from middle-class families in Afghanistan all of them struggled with financial issues. Hannah grew up poor, but she came to the US to be married to a man who was well-established here. She works outside the home, so she can provide for her relatives in Afghanistan. Zoe and Shelley worked as teachers in Kabul and as refugees in Pakistan and had more financial means. However, they were limited as to what they could take as refugees into Pakistan and lost much of what they originally possessed. Zoe is living at a middle-class level in the US but wants her own income as she mentioned several times. She remarked about having earned money to support her family when she lived in Kabul but now she does not. Her low self-esteem is linked with not working and earning a living.

Mary's and Anna's husbands had good jobs in Kabul but were unable to work in the same capacity in the US. They have had to take low paying jobs and/or work more than one job to support their families. The financial problems limit what they can afford for housing and likely have other ramifications they did not mention. Affordable healthcare is one problem that most refugee and immigrants face because they do not have guaranteed federal or state coverage beyond the first eight months in the US. They may work at jobs which either do not offer any healthcare insurance or offer unaffordable insurance.

Summary of Findings

The themes and sub-themes identified in this study were derived from reading and reflecting on the interview transcriptions multiple times. Each theme was supported by statements from the participants. The themes had considerable overlap which fits with the intersectionality feminist theory. From a phenomenological standpoint, the stories of the

participants' lived experience of being a refugee captured the essence of what being a refugee means. They shared heart-wrenching accounts of fleeing Afghanistan; starting over; losing loved ones and other pieces of their lives; facing the uncertainties and homesickness of living so far from home; and finding ways to cope with this refugee experience.

Although the question "what meaning does this experience have for you?" did not seem to translate well, the women participating discussed events, situations, thoughts, and feelings in a way that allowed me to uncover those meanings. Furthermore, their emotions during the interviews added a dimension to the meanings because I heard the sobbing and saw the tears. I have included notations in the narratives of the times when a participant cried.

Some of the information I found in the study is not new knowledge regarding refugees. It is, however, a new study using phenomenology and intersectionality feminist theory to explore and interpret the lived experience of the Afghan refugee women in the southeastern US. Additionally, the study was conducted during a time when the global refugee situation is at its peak and when feelings about refugees in general are more negative. Further, the US, a major resettlement country, has a president and legislators who want to decrease the number of refugees entering the country. The findings of the study may help nurses and other healthcare professionals realize the extent of trauma refugees face.

Chapter 5: Conclusions and Recommendations

Overview of the Study

This study was conducted using a qualitative paradigm to explore the lived experience of the Afghan refugee women in the southeastern US. The study question “What is the lived experience of the Afghan refugee women?” was best answered by using a phenomenological methodology. The overall purpose of phenomenology is to explore human experiences for meaning. I interviewed five Afghan women refugees living in the southeastern US to find out more about what their experiences entailed, what meaning it had for them, and what themes and meanings I could find.

Several challenges to the study arose which I discussed with my committee and then made revisions as necessary. The interviews were audio recorded and translated by either family members or a trained interpreter and sent to a professional company for a second translation. The translations were compared and were consistent with each other except for a few minor differences that did not change the outcome of coding for themes. Analysis of the transcriptions revealed seven major themes which have been discussed in Chapter 4. Additionally, the data were analyzed according to the identifiers I noted based on intersectionality feminist theory.

The findings of the study are congruent with other literature about refugees. Two differences in this study and the others are the focus on the meaning of the lived experience and its perspective from the nursing profession. I plan to use the information to educate nurses who care for this population. Moreover, I have benefitted personally and professionally from my interactions with these women. They are to be applauded for their courage, tenacity, and fortitude in surviving – both in Afghanistan and as refugees in the US.

Discussion

The study itself was challenging, and I realize my nascent research abilities led to mistakes, revisions, and miscalculations which limited the study. However, I do believe the study has merit and the information can be useful. First, I will discuss those mistakes, revisions, and miscalculations in retrospect.

Initially I wanted to study the mental and emotional health issues of the Afghan women refugees in metropolitan Atlanta. I had read a great deal about the topic and witnessed a degree of the problem with the refugees in the Atlanta area. During my doctoral dissertation seminar, I discussed this with Dr. Nelms, the faculty member for the course. She helped me understand I was assuming that the population of Afghan refugee women in Atlanta had mental health issues already and I would be starting the study with bias. Thus, I decided to focus on the lived refugee experience, so I could better understand the Afghan women in the Atlanta area and then do further research with those findings.

Since phenomenology, in short, is about lived experience, I decided to use phenomenology as the methodology. However, I greatly underestimated the vastness of phenomenology and struggled to learn as much as I could in a relatively brief time. My knowledge of phenomenology, as both a philosophy and a methodology, is one limitation to the study. I most likely did not capture the meaning of the experience as well as it could have been.

Then, I underestimated the difficulty I would have in recruiting participants and interviewing them. Meeting Afghan women refugees was not as easy as I expected. The women of the first group I had met in 2013 were gone except for two, only one of whom participated. Meeting the women entailed having access and an interpreter. Organizations which support refugees do not divulge information as I found out several years ago. With the help of

colleagues, I was able to contact two organizations in May and did meet several Afghan women. But after meeting the Afghan women I learned my interpreter at the time was not able to continue helping me. Two other women had said they would help interpret but one never returned my calls and the other said she was too busy. After connecting with a new interpreter, Ellen, in August I had her contact a woman I had met while volunteering at a medical clinic. Ellen also had an Afghan woman neighbor living in the next apartment and thought she would probably participate. Well, neither of them was willing to participate in the study. Considering they did not know me and the increasing anti-immigrant sentiment in the US, I realize my hopes were set too high.

Therefore, I had to revise the study to complete it in the time frame I had left. I have Afghan friends in other states who agreed to participate. They did not meet all the inclusion criteria for the study, but I had to interview women who were willing to participate. This is another limitation to the study since I included women from other metropolitan areas, and one who came to the US to marry, rather than as a bona fide refugee. Additionally, I realized, with the first participant, that the criterion of arriving in the US after 2001 did not ensure that the participants would be from the second wave of Afghan refugees. I did not consider the fact that many of the first wave refugees went initially to Pakistan or Iran and then to the US. Yet, I am not certain how many second wave Afghan refugees would be able to get to the US. Their financial and educational status as well as the lengthy visa process could well preclude them from the chance.

Interviewing participants who do not speak or understand English for a phenomenological study is another limitation. I did not know what the participants were saying so I could not guide the interview the way it really should have been. I focused on the non-verbal

communication of each participant, such as emotional upset and facial expressions, but that did not compare with knowing in the moment what was being said. For two women I did not have an interpreter present during the interview. One woman's husband explained the study by phone and the other woman understood enough English for me to convey briefly what I wanted her to tell me. Moreover, either the concept of the "meaning" of the experience did not translate well or the women have not considered the meaning of the experience for themselves. They did talk about events and feelings and I was able to find themes. Still, the language barrier was a limitation to the study.

Meanings of the Lived Experience of the Afghan Refugee Women

The themes have been discussed and explored in Chapter 4 so now I want to expand upon the meanings that came to my mind while interviewing, reading the transcriptions multiple times, and reflecting on the words. The first meaning was "holes in the heart." When I met Hannah in person to review the transcript she spoke of those who died – some were unknown to her and others were family and friends. She also talked about missing her family who are still in Afghanistan as well as some of the pleasant times she had growing up. Those words "holes in your heart" resonated in my mind then and have continued to since that time. I mentioned the phrase to Hannah and she agreed that it did explain some of the meaning of her experience.

Rereading the other participants' transcriptions sealed that meaning more firmly in my mind – "holes in their hearts" and the holes cannot be completely filled by new relationships or experiences. Healing of emotions does take place and life moves on, but certain losses will never be whole but holes. In fact, my own heart hurts for the losses these women have experienced.

My area of expertise in clinical practice was cardiology so I am aware of the reality of holes in hearts from a physiological perspective. Some holes are natural at birth but should close

before adulthood. Some are congenital abnormalities. Some can be caused by traumatic events such as a stabbing or gunshot wound. In all cases the holes may lead to physical complications or death if they are not discovered or repaired in time. A brief literature search for “holes in the heart” did not yield much in the way of emotional loss but rather physiological heart disease. Even literature about grief and loss did not capture that meaning in the way I envision it.

One of the holes in the hearts of the participants is the loss of or separation from loved ones. Zoe repeated several times her inability to be reconciled to the deaths of her two brothers. They were murdered in Afghanistan while she and her mother were in Pakistan as refugees. Zoe was not able to leave to attend to her brothers’ bodies or be at their funeral. She does not know how or why they were murdered or who the murderers were. Zoe has many family members in the US and Afghanistan, yet the holes left by her brothers’ deaths have not been filled.

She said:

Losing my brother, uh, my brothers, it was very hard – painful for me. It was like losing one part of my body. But before I left Afghanistan I lost my job and also I lost my... when I left Afghanistan I lost my brothers and I don’t know who killed them. Our houses got destroyed, our brother got killed, and I didn’t see, you know, I didn’t see them, how they died or how they buried them. And because I had my, I had the little kids I couldn’t go back to Afghanistan, and uh, I didn’t see them, how they died, how they buried them. When my brothers got killed I cried so much and I was so sad. My mother raised those 5 children of my brother. And now they all [brother’s children] got married, and but still I can’t forget about death of my brother.

Zoe, Mary, Hannah, and Anna spoke of not having their mother and other relatives nearby. Zoe stated, “My mother’s so old, uh, but she’s a strong woman. She was in war, my mother’s a hero. My mother is a fighter, and my mother raise all those five children.”

Mary talked about giving birth to her last two children in the US, and sobbing, said, “I was pregnant and I did not understand anything, I did not have anyone from my own family or my in laws to help” and “...I very cry... pregnant. New pregnant, no my mom, no [Sam, her husband], no other family, everyday crying cry...” [differences with transcription by two professionals].

Anna also gave birth to a child in the US without her mother. She used to visit her mother daily because they lived near to each other. Now in the US she is limited to talking by phone to her mother.

Hannah left Afghanistan to marry but did not comprehend the implications until she was saying good-bye to her family:

When my parents told me I was engaged I didn’t think much about it except that I was going to America. They told me only one day before I was to get married.

But when I had to leave I cried. I didn’t want to leave my sister, or my brothers, or parents. I was really sad about leaving them. It was so hard to say good bye to my sister. I miss her a lot. Before I left if I had dreamed about being away from my sister I would have had a heart attack.

Hannah also described the loss of another family member after she was living in the US:

I had another relative, a cousin, who died – his daughter is married to my brother. You know we marry cousins over there [in Afghanistan]. He was like my uncle. He was such a good man. One day he was traveling in a truck with some things to sell. He was traveling away from the city. He got stopped by Taliban. Another

man was with him. They asked him what he was doing. He said he was just trying to make a little more money because he had children to feed. But they didn't believe him. They killed him. They let the other man go but killed my uncle. He asked them if he could just call his son and tell him that he was going to be killed. He had a cell phone. The Taliban wouldn't even let him call his son. They took the phone and threw it on the ground. Then they killed him and threw his body out in the desert. When I go to Afghanistan and see his picture - I remember about my cousin – my sister-in-law's husband. I remember his face and I feel sad.

Each woman's heart has holes which were once occupied by loved ones and cherished places. These holes cannot be repaired surgically, nor can the damaged heart be replaced with a transplanted heart. So how do those holes get filled? Hannah said the holes in her heart were being filled with her husband and two children. But are they really being filled? To me, her interview revealed otherwise. However, this is a concept I want to pursue because I have not yet encountered it in the literature.

The Illusions and Realities of America

The participants' anticipations and assumptions about life in America and the realities of it was another essence of the refugee experience. America stands for liberty, safety, security, education, jobs, financial guarantees, modern medicine, and opportunity. Zoe and Shelley were in Pakistan awaiting US visas and among Afghan refugees there America was everyone's dream of the place to resettle. Mary, Anna, and Hannah left for America from Afghanistan and were considered fortunate by family and friends to go there. In fact, Anna's comment was "I was so excited for going to America." She said, "Only if they give me the visa, thank God, we go to America" and "I had heard its name that it's a great place."

Mary said, “and then my husband was accepted here [America], and then we were accepted... .. I was happy that my husband is happy and well there, he didn't have any problems.”

Likewise, Zoe was elated when she and her family had the green light to go to America:

Well, at first I felt very happy because I had left the war behind, because back in Afghanistan we were nothing, my children had no future there despite whatever education they could get. The day that our application was approved for coming to America, I felt very happy. We were very fortunate to have trained our children in English language, my husband was a hero in this regard. I came with my three children, when we arrived in Atlanta airport, the translator came to see us. When my children started English, they said this family does not need a translator. When we got home, we realized that they had provided for everything, they helped us for six months. It worked for my kids, I think my children really benefited from this and I thank God for it.

Even Zoe's family wants to come to America now:

They like to come, all those young kids, you know, they like to come to America. They don't like even to go to Europe. They want to come here and study and that's why they all taking courses, English courses and they get ready to come here. My, uh, niece and nephew, they all want to come too.

However, very shortly after arriving in the US the illusions began to fade, and the realities slapped them in the face. Anna commented:

We came to America where on the first day I did not like the weather and even if you are going to find it disappointing. I hope you don't get upset with me, but I

did not like the weather in America. As I entered the country, I have been sad from the first day until this day. I am somewhat better, but I was crying every day during the first one year.

Anna continued to relate all that had been negative so far in her new life in the US –her husband’s lack of employment at a comparable job – “I would cry every day, my husband did not have a good job. He was an engineer, but here he was hired to work in an Afghan store. He was working in a store owned by Afghans where he was throwing out the trash.” [Sobbing].

They were asked to leave their first apartment suddenly and unexpectedly and financial issues made finding a new place difficult – “Poor my husband didn’t know what to do, was looking for basements to rent but everywhere he found was \$1000 a month, it was too expensive for us and we couldn’t afford it.” Their living arrangements in the shelter and their second apartment were deplorable. In the shelter they had one room and shared a bathroom with other people including non-related men, a major religious taboo. Sanitary conditions were lacking. The food was not *halal*, and Anna was pregnant, so she did not have enough to eat. Her account of the cockroaches crawling everywhere, even on her baby’s pacifier, is appalling.

Finding a new place to live with their limited income was tough. After a lengthy search they were able to find another apartment and rented it from a Pakistani family. Anna and her family lived in the basement which had no windows making it dark and damp. She describes their situation:

We went to that basement with the two bags that we had brought with us from Afghanistan. We rented that basement, it was very small, there was no sun light, New problems started for us in this basement that I forgot about the problems I had in that shelter. My problems were getting bigger day by day. As my

pregnancy was getting closer to seven, eight or nine months, I was getting more stress.

Then she had to deal with the noise from the family upstairs. She said, ‘They were watching movies by midnight or 2 am, fighting to each other, walking, we could hear whatever they were doing.’ But one night the noise was extreme, and it awakened the little girl who had problems going to sleep in the first place. Anna knocked on their door and said, “What’s going on here for God’s sake? We have rented this place, we pay, we are not living here at no charge. Why are you so loud?” The landlord was irritated by her confrontation.

Additionally, Anna did not have access to the laundry room in the townhouse and washed everything by hand in a bucket. She hung the laundry outside in the back yard to dry but was told by the landlord she could not do that because it was not an acceptable sight in the US.

The birth of her second child in the US was also a negative experience. She was given an epidural anesthesia which led to complications for the baby and resulted in an emergency C-section. Then she was discharged at midnight in a taxi alone with her newborn son.

Anna and her family were finally able to afford another apartment. One comment she made captures the emotional and mental anguish. When they were moving out of the basement apartment she noticed a house across from them with a large window facing her direction. Anna recalled the sight:

I saw that there was a sofa, I am not sure if those people were Americans or Spanish. I saw that there was a dog sitting on a sofa, looking outside from the window. I said to myself, oh God even this dog is in better condition than me, he is in a bigger house. He was in a townhouse, a big home, enjoying the sun light and look at me I am stuck in this basement with my children.

The irony of this situation is that Islam considers dogs to be unclean and most Muslims do their best not to be near or touch a dog. So, Anna's comment had a great deal of meaning in this context. Though Anna is a human being this unclean animal had better living conditions than she did and was being treated better by Americans than she had been so far.

Movies in My Mind

During the interview with Shelley she described some of the terrible things she had seen like the bombing around the school where she taught. She had to walk across mountains, injuring her feet, to get to her children at the daycare. As she approached the daycare another bomb exploded, and she feared her children had been killed. She remarked, "After this when I went and saw my children were OK, I picked them up and I felt like I had been granted a new life, I rushed them home as fast as I could."

She spent the night alone with her children and in the morning was awakened by another "explosion right next to our house shattering all the glass and causing havoc. My children were crying, I was also..." She "saw that two poor kids were hit on the road a couple of people were hit in their homes." Then she went to her neighbor's home and walked into a horrible sight where "... three children were crying, and the young mother was lying dead in front of them." Then this statement, "I don't think I can ever forget the face of the dead woman and her children, and I have similar bad memories that I cannot get out of my head." I cannot fathom witnessing these events and maintaining any mental stability.

Later in the interview was this exchange between Shelley and me:

B: How do you feel now talking about some of those things? What do they make you feel when you talk about these things?

S: *I am so upset, sometimes it looks like a movie coming into my mind* [emphasis added]. I am asking oh where she is. Oh what happened to my close family? Her son was young, what happened, now the mom is here or the brother is here. I go and visit some family...*So it plays over and over again* [emphasis added]. Yes, it is hard to get rid of.

When I asked Hannah about a memory from Afghanistan that stood out to her more than others, she told this story:

Yes, the day the mosque was bombed. I remember that day. I was about 7 or 8 and my brother was a year older so he was about 8 or 9. The teacher let us all go because the mosque was next to the mujahidin and he was afraid they would bomb the mosque. So everyone went outside and then we ran home. Nobody was there, not my parents or sisters or brothers. My brother who was with me wanted a drink of water because he was thirsty. He ran to the well and told me to go to the street and wait for everyone there. That's why I was at the road when the bomb hit me. When it went off I remember my legs were hit. I was just a little girl. All the other people who were hit landed on top of me. I was on the bottom of the bodies. About 35 people were killed. Other people lost arms and legs and breasts. I lay there for a long time and my legs were bleeding badly. My family was looking for me and after 6 hours my oldest brother who is about 5 years older than me finally found me lying in the street. By then I had lost so much blood. My brother picked me up and started carrying me to get help. I was on his back and my legs were bleeding so much. He walked 20 miles to take me to a place to get help. First my brother took me to an area where the Russians were to get help. During the night I was sent to a hospital to amputate my leg. My father's family

wanted the doctors to cut off my leg and have a plastic leg. But my parents didn't want my leg cut off. I am very grateful to my parents that they didn't let them amputate my leg.

When I asked Hannah if she had a special meaning she associated with that experience, her reply was:

Yes, I get sad when I think about it. My husband doesn't understand. *He says I should just forget about it. But I can't. I am still sad. So many people were killed. I lost so many friends and neighbors. I was so sad. I still get sad when I think about that time* [emphasis added]. My feet and legs have scars. But I lived when so many others died.

These “movies in my mind” are intrusive thoughts identified in psychology, thoughts and images that keep returning and returning. Often intrusive thoughts are related to trauma including violence such as war, rape, separation from loved ones, and resettling in a new country. Intrusive thoughts are not pleasant memories but disturbing reminders of extreme situations and events.

Past Sorrows and Future Fears

The final essence that stood out to me was the intense feelings the women had for and about their country. They were saddened by the events and situations that led to their leaving Afghanistan. Yet, they still loved their country and shared fears for its future. Those who had returned for visits noted that things were different – clothing styles, attitudes, the widening gap between rich and poor, and the backwardness of Afghanistan. They also worried about family members still living in Afghanistan as Taliban and ISIS have made progress in exerting control in the country.

Contribution to Nursing Knowledge

The nursing research in the US regarding refugees in general, and particularly Afghan women refugees in the southeastern US, is limited. Most of the research has been conducted by social workers, psychologists, counselors, and other similar professionals. Juliene Lipson and colleagues have completed many studies with Afghan refugees. However, these studies were conducted in the 1990s and with the refugees in California. Given that nurses are in a unique professional position as holistic practitioners and may be one of the first professionals refugees meet upon arrival to the US, nurses need to understand the context of the lives of the Afghan women refugees who are arriving in the present American political and social environment.

Perhaps one of the foremost gaps in nursing is the knowledge of Afghan culture and its impact on Islam as practiced by the Afghan people. Muslims, like people from any religion, are varied, depending on country of origin and other factors. The lumping together of all Muslims is unfair and can lead to bias and prejudice for nurses as they care for clients who are Muslim. Nursing education does include content about diversity and cultural/religious/ethnic/gender appropriate care. However, as more refugees enter the US to resettle, knowledge of the specific populations of refugees is necessary for the nurses who practice where these populations live.

In recent years, refugees, for the most part, come to the US from traumatic backgrounds, including war, persecution, death of family members, political unrest, and poverty. They have left their countries of origin unplanned and left behind more than most Americans can fathom. They enter the US not only with hope and expectations, but also with fear, anxiety, grief, and little in the way of personal possessions. Their health has most likely suffered because of living conditions in their own countries and the refugee journey. Physical symptoms may be the somatization of mental health issues, but nurses cannot assume this is the case. Thus, another gap

in nursing knowledge is the understanding of health issues common to specific refugee populations, in this case Afghan women, and how best to use the nursing process to deliver appropriate care.

A situation of which I am familiar involved a young Afghan woman in the US who gave birth to her first child and the first child to be born in the US for this family. What should have been a joyful experience was not, because of misunderstanding and miscommunication on the part of the nurse. This nurse was doing her best, but she did not have the knowledge of her patient which may have made a difference in her care of the young woman.

Moreover, nurses work with patients in multiple settings from acute care in-hospital to free-standing clinics to home health and public nursing. Nurses can oversee care for refugees throughout the life span and from the time of arrival in the US, during the resettlement phase, and continuing with subsequent generations. Being culturally and spiritually knowledgeable about the Afghan refugee women is necessary to foster a trusting relationship with individual women, their families, and the Afghan community.

One of my purposes for this dissertation study was to explore the lived experience of the Afghan women refugees and use the findings to educate nurses in my home area. I live in a state in the deep south which tends to be less receptive to refugees. Therefore, this mindset is present in many nurses in this state and can color their opinions about the Afghan women refugees. Research has demonstrated links between the perceived attitudes of nurses and other healthcare professionals and the quality of the healthcare encounter by refugees. Perceived hostility, disrespect, and impatience leave the refugees feeling ashamed, embarrassed, and unwilling for future encounters. Refugees deserve better, and educating nurses is key to improving the encounter for both nurse and refugee.

Implications

The refugee topic is so vast that listing all the implications is not possible. However, one implication for nurses is to seek out experiences which give them opportunity to work with refugees. This might be attending a conference, volunteering in a clinic, or getting involved in refugee community activities. Further, as nurses learn more about refugees they can advocate at local, state, and federal levels for policies which are fair to refugees.

Perhaps nurses ask, “Why should I worry about refugees when US citizens need help?” This is a valid question at a time when resources are being budgeted in a way that limits care and opportunity. Yet, nurses, the largest group of healthcare professionals, are educated and creative and could find ways to manage resources in a just manner. The nursing profession is founded upon social justice and has a rich history of nurses who did care for the vulnerable and marginalized with minimal resources. Lillian Wald and Mary Breckenridge are two examples. Wald founded the Henry Street Settlement to care for immigrants living in crowded, unsanitary conditions in New York City. Breckenridge started the Visiting Nurses and rode horses throughout Appalachia to provide care for pregnant women and mothers and children.

Refugees do enrich the communities where they settle, both culturally and financially. In fact, a business in my state employs refugee women, many of them Afghan, to sew high end purses, bags, and other items. These women are proud of what they make and that they are contributing to their families’ welfare. This might be an opportunity for nurses to go to the business site and conduct health education for the Afghan women. I know from personal experience that the women are hungry for interaction with American women and hungry for knowledge. Nurses can use this opportunity to great advantage for everyone.

Future Research

Although my research did not engage the intended participants, it has opened a door to continue interacting with the Afghan women in this area. I need time to establish a trusting relationship, but I am comfortable with the Afghan culture and believe that the women will be comfortable with me after a few visits. I believe this population is rich with research opportunities which will benefit the Afghan women. I never want research to become only an opportunity for me, or any other researcher, to advance my career.

One topic for research is the overall health beliefs of the Afghan women. They have come from a patriarchal society and often the men made the healthcare decisions. Some of the refugees lived during a time when healthcare was basically non-existent and have never had professional care. What do the women believe about their right to healthcare? How do they perceive healthcare? What do they believe they need in terms of healthcare? This could be a mixed methods study. In fact, several studies may arise from this topic.

From personal communication with professionals, I learned that the Afghan women have not accessed the many resources in my state. Another area of research would be to explore what they need to resettle successfully and how best to ensure they have access to resources. Additionally, participatory action research, if conducted sensitively, might help the Afghan women help each other. The tribal influence, as well as past political injustices, have created some discord among the Afghan women. If they were able coordinate among themselves ways to help each other with transportation, learning English, and other needs, all could benefit.

Summary

This study has been discussed in detail and this chapter has provided an overview of the complete study. The study findings were congruent with intersectionality feminist theory of the multiple identifiers that can lead to a population's oppression, marginalization, and vulnerability. Although the Afghan women refugees who participated in this study did not speak of being oppressed in the US, they are a vulnerable and marginalized population. While other disciplines have conducted research to understand and assist refugees, nursing had lagged. Although the findings of this study are not entirely new, they are new as research conducted by a nursing professional. More research needs to be conducted to add to the body of nursing knowledge. The lived experiences and the needs of refugees, and in this case, specifically the experiences and needs of the Afghan women refugees, are important for nurses to understand to provide holistic professional nursing care. Moreover, nurses have a responsibility to advocate for the vulnerable and marginalized in society, and refugees are part of that population.

Narrative of the Study for Author

According to Munhall the researcher using phenomenology should also write a narrative of the study itself. Most of this narrative has been discussed in Chapter 5 but I would like to add a few thoughts. I have completed a much-anticipated goal – research with Afghan women refugees. I have learned about phenomenology, about the refugee experience, about conducting research, and about defending research. Yet all of this is a small part of the effect of this study on my personal and professional viewpoints. I have been deeply moved by the stories of the women who participated in the study and I know many more women with many more stories are living as refugees in the US. As I defended my dissertation more than once I had to fight to control my emotions.

I watched a documentary about Afghanistan recently and was reminded why I began my journey to understanding the country and its people – their indomitable spirit, their rugged zest for defending their country, and their hospitality to anyone who comes to visit. They are a people who deserve respect and have received disdain; who deserve to live peacefully in their own country but have endured war after war fought on their soil by the great powers of this world; who deserve assistance by these powers to rebuild their country but have largely been ignored.

I feel privileged to have been invited into their lives, to have listened to personal outpourings, to have been a guest in their homes, and to be considered as family to some of them. The Afghan refugees, by and large, come to the US to escape war and death and to make a better life. They want their children to live without fear and have the opportunity for education and good jobs. Although a few Afghan refugees have committed crimes in the US and Europe they are the exception to the rule. And so, I am more determined than ever to be a voice and an advocate for Afghan refugees.

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Department of State														
Bureau of Population, Refugees, and Migration														
Office of Admissions - Refugee Processing Center														
Fiscal Year 2015 as of 30-Jun-15														
			Admissions by Month											
Fiscal Year	Refugee Admissions Ceiling	Total Admitted to U.S.	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
FY 2005	70,000	53,813	3,000	4,835	3,537	2,701	3,124	3,621	2,919	3,494	4,997	5,730	4,799	11,056
FY 2006	70,000	41,223	1,009	4,528	3,926	3,409	3,415	3,780	2,325	2,835	3,577	3,052	3,801	5,566
FY 2007	70,000	48,282	1,677	3,338	2,777	2,387	2,065	2,846	2,060	2,867	4,519	6,201	6,251	11,294
FY 2008	80,000	60,191	1,919	2,704	2,640	3,321	3,640	4,622	4,226	5,335	6,836	7,844	7,152	9,952
FY 2009	80,000	74,654	3,294	4,123	4,389	5,405	5,598	6,892	7,001	7,255	8,163	6,499	6,985	9,050
FY 2010	80,000	73,311	5,212	5,717	6,166	5,407	6,740	6,588	5,769	6,378	6,783	5,805	5,507	7,239
FY 2011	80,000	56,424	4,764	5,571	4,811	5,385	5,149	2,034	2,190	3,254	4,674	5,855	6,408	6,329
FY 2012	76,000	58,238	3,552	3,304	3,324	3,897	4,504	3,255	4,345	5,339	5,243	6,229	6,989	8,257
FY 2013	70,000	69,926	5,722	6,940	5,572	4,218	5,626	6,164	5,535	5,611	5,870	5,771	5,549	7,348
FY 2014	70,000	69,987	1,810	6,580	5,984	6,006	6,545	5,885	4,786	5,271	7,762	7,856	5,635	5,867
FY 2015	70,000	45,923	6,352	5,694	5,161	5,596	3,914	4,786	4,641	3,858	5,921			
Retrieved from Refugee Processing Center (RPC) website https://www.wrapsnet.org/														

Appendix B: Arrivals to States

Department of State Bureau of Population, Refugees, and Migration Office of Admissions - Refugee Processing Center Refugee Arrivals by Calendar Year 1/1/2002 to 7/14/2015

Nationality(s): Afghanistan

State(s): Arizona, California, Georgia, Illinois, Massachusetts, Michigan, New York, Pennsylvania, Texas

	CY 2002	CY 2003	CY 2004	CY 2005	CY 2006	CY 2007	CY 2008	CY 2009	CY 2010	CY 2011	CY 2012	CY 2013	CY 2014	CY 2015	Cumulative Total
Afghanistan	1,035	724	452	524	401	226	338	196	294	214	315	392	454	313	5,878
Arizona	198	110	52	142	85	22	81	36	40	16	19	53	47	16	917
California	201	196	101	57	65	47	44	64	98	93	118	163	132	118	1,497
Georgia	100	69	38	86	51	13	31	16	67	27	49	25	32	21	625
Illinois	71	59	23	11	1	6	6	0	3	7	30	11	43	28	299
Massachusetts	61	54	61	15	12	0	4	5	14	2	6	6	18	22	280
Michigan	49	34	41	26	16	5	8	1	9	2	2	11	6	23	233
New York	91	63	47	54	79	20	61	15	21	12	46	57	79	33	678
Pennsylvania	45	30	14	9	4	46	81	37	6	6	6	16	4	24	328
Texas	178	99	74	122	82	49	22	21	34	33	32	47	84	12	889
Total	1,035	724	452	524	401	226	338	196	294	214	315	392	454	313	5,878

Retrieved from Refugee Processing Center (RPC) website <https://www.wrapsnet.org/>

Appendix C

GNED CONSENT FORM

Title of Research Study: The Lived Experience of Afghan Women Refugees in Three Metropolitan Areas in the Southeastern US: A Phenomenological Study

Researcher's Contact Information: Brenda Brown, RN, BSN, MS, CNE Cell 770-540-9799
email: bbrow123@students.kennesaw.edu

Faculty Advisor: Dr. Mary DeChesnay Office [\(770\) 794-7707](tel:(770)794-7707) mdchesn@kennesaw.edu

Introduction:

My name is Brenda Brown and I am a doctoral nursing student at Kennesaw State University. I am asking you to take part in a study. You can choose to take part in the study or you can choose not to take part. I will explain the study to you. You can ask questions about anything you do not understand.

Description of Project

I want to listen to you talk about the experiences you had in Afghanistan and the United States during the time you were a refugee. Those experiences are an important part of your life. By listening to you tell about the experience I can understand the difficulties you went through and how you felt. Then I can learn more about how to help you and other refugees from Afghanistan. I want to share the information with other nurses and professional people. Then we will know what you need and want to make your life in the United States better.

Explanation of Procedures

I will plan times for us to meet together to talk about your experience as a refugee. I am able to come to your home if that is best for you. I will also have some meetings with more than one woman at a time and you can meet in a group. The group meetings will be at the mosque. At each meeting I want you and the other women to tell me about your experiences in Afghanistan, when you left Afghanistan, and when you came to the United States. You can tell me as much information as you want. Before you start telling me about your experience, I will explain the study to you and you can ask questions about anything you do not understand. When you understand the study, you will sign a paper that you agree to be in the study. Anytime you want to stop being in the study you can stop. During the time we are talking I will record what we say. Then my assistant will listen and translate the conversation to English so I can understand. Everything I record will be kept in a safe place that no one else can find. All the information you share will be confidential which means no one else will know what you said. If you decide to be in a group the other women in the group will know what you said but no one else. The assistants who interpret will know what you said but they will not tell any other person. I will give you a different name only for the study. No one else except the interpreters will know the names of any woman in the study. At the end of the study I will write a paper about what you said but your name or private information will not be in the paper. Only what you told me about your experience will be in the paper.

Time Required

You will need to be available for about 2 or 3 hours in order for you tell me the information you want me to know. I can plan to meet with you one or more times so you do not have to talk for 2 or 3 hours at the same time. I will meet with you when it is best for you.

Risks or Discomforts

Your experience as a refugee has probably been difficult. You may feel sad, angry, afraid, or anxious when you talk to me about your experience. You may stop talking at any time if you feel too upset to continue.

Benefits

Talking about your experience might help you feel happier or more settled in the United States. It might also give information to help nurses and other professional people know the best way to help you and other refugees who come to the United States to live.

Compensation

You will not be paid money for participating in the study.

Confidentiality

All information will be confidential which means no one except the interpreters and I will know your name and no personal facts will be in the paperwork. No one will be able to find out anything about who you are.

Inclusion Criteria for Participation

You need to be an Afghan woman at least 18 years old. You came to the United States as a refugee after 2001. You must live in the Atlanta, Georgia area.

XVI. I, _____, understand the study. All of my questions have been answered. I agree to be in the study. I understand that I can stop being in the study at any time. I can decide not to have any information I told the researcher and interpreters used in the study.

Date _____ Signature of participant _____

Signature of interpreter _____

Printed name of interpreter _____

Signature of researcher _____

Printed name of researcher _____

Appendix D

Questions for Semi-Structured Interview and Focus Groups

1. What was life like for you in Afghanistan? Can you describe an experience which was very important to you and what it meant?
2. How did you feel about living in a country at war? What meaning did the war have for you when you lived in Afghanistan? What meaning does it have for you now?
3. What was the experience like when you were thinking about leaving Afghanistan? What emotions and thoughts did you have? What did deciding to leave mean to you?
4. What was your life like right after you left Afghanistan? What feelings and thoughts did you have?
5. What is life like for you now in the US? What does being a refugee in the US mean for you?

Appendix E

Timeline for Study

Activity	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Preparing for study 1. Call/visit the 3-4 Afghan women I know to touch base 2. Familiarize myself with equipment (recorders) 3. Organize supplies & equipment 4. Complete further revisions of proposal and requirements for KSU and IRB approval												
Data collection 1. Conducting interviews 2. Translation/transcription of recordings 3. Follow up visits for clarification												
Data analysis 1. Analysis of data May overlap with the interviews and translation/transcription												
Written narrative and dissemination of findings 1. Completion of dissertation and dissemination of findings												